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ctob r 24, _ 07	: ABRECHT, SR.	SCH WELLH	GLAY
	14 Feb 1928 39	x	Wale White
0.8	Frederick, Nd.	tates of Health	Fireman-Wational Insti
	Viola F. Pearl		Grayson S. Abrecht
(Same as item #1)	Mrs. Cletta P. Abrecht		Yes - Korean

Robert J. Thomas, M. D.

Burial 10/27/67 Mount Clivet Cemetery Frederick, Md. 21/01

M. R. Fichison & Son, Frederick, Md. 21701 POP' T 1867

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13846 3841 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland b. COUNTY Frederick Frederick MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, Hypite RHRAL and give nearest tawn) few hours Middletown d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMA tilled in Frederick Memorial Hospital YES NOTEX 3. NAME OF Middle 4. DATE Month Dov Year First Last the attending physician and completely sit permit. Then please remave carban DECEASED ERNS NONE 1960 and in any event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED birthday) Months White Days Haurs Male April 6,1905 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, or fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INDUSTRY** Germany actory 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Maria Glaser Josef Berns 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes af service) Middletown, Md. 9-44-4068 Mathilde Berns 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (a) þ DUE TO signed ! Conditions, if ony, which gave (b) rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital or attending as the prior to stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Manth, Day, Yeor factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. . 1967, ta OCT 25, 1967, that (1) (we) last MAT shauld OCT 25 1967, and that death accurred at 8 4 M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Michels NAME (Type) Med director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION,
BREMOYAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) Oct. 27, 1967 Lutheran Cemetery Middletown Fred Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR Middletown, Maryland Co. Gladhill 20 M 1/66

SPACE The second of th O STORY STATE OF THE

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institute a. STATE a. STATE b. COUNTY  Frederick  4. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)  Frederick  6. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Home for the Aged-115 Record St.  3. NAME OF DECEASED  (Type ar print)  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Cannon  OF DEATH  OC  NEVER MARRIED OF DEATH  OC  NEVER MARRIED OCt. 29-1888  11. BIRTHPLACE (Caunty & State, or fareign country)  Frederick Co. Md.  13. FATHER'S NAME	RAL and give nearest tawn)  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \) th \( \) Day \( \) Year tober \( \) \( \) 19 \( \) 67  IF UNDER 1 YEAR \( \) IF UNDER 24 HRS. Months \( \) Days Hours Min.
o. COUNTY Frederick  b. CITY OR TOWN (If outside carporate limits, write RURA) write RURAl and give, nearest town) Frederick  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Home for the Aged—115 Record St.  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  Oct. 29—1888  a. STATE  Maryland  b. COUNTY  Maryland  c. CITY OR TOWN (If autside carporate limits, write RUR Frederick  d. STREET ADDRESS  3. NAME OF DECEASED  OF DEATH OC  Cannon  OF DEATH OC  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  Oct. 29—1888  Third St.  9. AGE (In years Jast birthdoy) 70  yrs.  IDD. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)  Seamstress  Third St.  11. BIRTHPLACE (Caunty & State, or fareign country) Frederick Co. Md.	RAL and give nearest tawn)  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \) th \( \) Day \( \) Year tober \( \) \( \) 19 \( \) 67  IF UNDER 1 YEAR \( \) IF UNDER 24 HRS. Months \( \) Days Hours Min.
Frederick  b. CITY OR TOWN (If outside carporate limits, write RURAL and give, nearest town)  write RURAL and give, nearest town)  Frederick  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Home for the Aged-115 Record St.  3. NAME OF DECEASED (Type ar print)  S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED Cannon  DIVORCED OCt. 29-1888  DIVORCED OCT. 29-1888  DIVORCED OCT. 29-1888  Third St.  9. AGE (In years 1/4st birthdoy)  Towns of working life, even if retired)  DIVORCED OCT. 29-1888  The derick  11. BIRTHPLACE (County & State, or fareign country)  Frederick Co. Md.	RAL and give nearest tawn)  e. IS RESIDENCE ON A FARM? YES NO TO THE NOTE OF T
write RURAL and give necrest taymn)  Trederick  d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Home for the Aged-115 Record St.  3. NAME OF DECEASED  Matilda L. Cannon  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  DIVORCED  DIVORCED  Oct.29-1888  A. DATE  Mont OF DEATH  OC S. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DIVORCED  Oct.29-1888  11. BIRTHPLACE (Caunty & State, or fareign country) Seamstress  Frederick  1. NAME OF Prederick  Mann OF DEATH  OC DIVORCED  12. BIRTHPLACE (Caunty & State, or fareign country) Frederick  Co. Md.	th Day Year tober 11— 19 67  IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Home for the Aged-115 Record St.  3. NAME OF Last St.  3. NAME OF Last DIVORCED OCT.  5. SEX OF LOCAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR LAST OF	th Day Year tober 11- 19 67 IF UNDER 1 YEAR   IF UNDER 24 HRS. Months Days Hours Min.
Home for the Aged-115 Record St.  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DIV	th Day Year tober 11- 19 67 IF UNDER 1 YEAR   IF UNDER 24 HRS. Months Days Hours Min.
3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OCT. 29-1888  White WIDOWED DIVORCED CT. BIRTH 9. AGE (In years less birthdoy) 70 yrs.  IDa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  DIVORCED TIBERTHPLACE (County & State, or fareign country) Frederick Co. Md.	th Day Year tober 11- 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIBRITH  9. AGE (In years last birthdoy) 70 yrs.  DID. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  Seamstress  The Cannon  OF DEATH  OCC  DEATH  OCC  11. BIRTHPLACE (Caunty & State, or fareign country) Frederick  Frederick  Co. Md.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
S. SEX  6. COLOR OR RACE White Widowed Divorced Divorced Oct.29-1888 9. AGE (In years 18st birthdoy) 76 yrs.  DIVORCED UNDUSTRY IDD. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)  10. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Frederick  11. BIRTHPLACE (Caunty & State, or fareign country) Frederick The design country Frederick The design country The design countr	Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)  Seamstress  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  Frederick Co. Md.	
during most of working lite, even it retired) Seamstress INDUSTRY Frederick Co. Md.	
Seamstress Frederick Co. Md.	12. CITIZEN OF WHAT COUNTRY?
1 13. FATHER'S NAME	U.S.A.
Wm. H. Cannon Mary E. Crabbs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addr.	000 77 2 2 3 3 7 7
(Yes, no, or unknown) (If yes give war ar dates of service) 220-05-6500A Records-Home for the Aged-1	Liedelitor, ma.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dusc. anduryon of abeta	House .
Conditions, if ony, which gove) the Chillian cleration light of desires	dow
rise ta immediate cause (o), stating the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	19. WAS AUTOPSY PERFORMED?  YES NO SEC
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)	
	(Caunty) (State)
Haur o.m. While Not While foctory, street, office bldg., etc.)	(500.0)
p.m. 19 at wark 1 at wark 21. 1 certify that (1) (this haspital) attended the deceased from 10/11, 19/07, to 10/10	1967, that (I) (we) last
(saw the deceased alive on 1911 1967, and that deoth accurred of 2:35 M, from causes	
22.2 SIGNATURE	22b. DATE SIGNED
ANALISMO WAS M.D. PHYS. LX DIRECTOR LI PHYS. L	] Oct. 12-1967
22c. PRYSIGIAN'S Dr. James B. Thomas Prof. Bldg Frederick	, Md. 21701
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or To	
Tradenick	Md. 21701
REMOVA (Specify) Oct. 14-1967 Mt. Olivet Cemetery  Frederick,  ADDRESS Truth 1250. RECORD REGISTRAR 19675b. R  ADDRESS Truth 1250. RECORD REGISTRAR 19675b. R  PARE TO BY REGISTRAR 19675b. R  PARE TO BY REGISTRAR 19675b. R	TOICTOADIC CICNATUDE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLINTY ond 3 to a. STATE Maryland MARYLAND Frederick Frederick b. CITY OR TOWN (If autside corporate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Rural - Frederick Years Rural - Frederick d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Route 6. Frederick, Maryland YES NO T in pencil in Item 18. Give Poges State Route 6. Frederick 24 hours ofter deoth. Office olong with 3. NAME OF First Middle 4 DATE Dov Year DECEASED E. CLARK. JR. DEATHOctober WILLIAM (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthday) Months Days Hours Male White March 23.1925 hours ofter deoth DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick, Maryland Economy Oil Co. U. S. A. Driver 14 MOTHER'S MAIDEN NAME This certificate should be executed within 13. FATHER'S NAME File Helen Runkles William E. Clark, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address writing the word "pending" i rwarded to the Chief Medical (Yes, no, or unknown) (If yes give war ar dotes of service event within 220 18 0168 Mrs. Dorthea Clark(Same as item # 1B. CAUSE OF DEATH (Enter only one couse per ine-for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ony Canditians, if any, which gove forwarded to rise to immediate couse (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removal, PERFORMED? please execute the certificate, YES TO NO T pe 200. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18. 3 should 0 cremotion, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 29e PLACE OF INJURY (Home, farm, (City or town) foctory, street, affice bldg., etc.) Nat While moy be retoined for your FUNERAL DIRECTOR: Poge -Trederich - hil 10-25 1967 ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection . Inquiry and in my apinian death resulted fram: Natural causes Accident Suicide X Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED prior ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** FO FUNER Heo!th Address (Street, city, town, or county) NAME (Type) Robert J. Thomas, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Oct. 28.1967 Prospect Cemetery Nr. Mt. 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5 Minne M. R. Etchison & Son, Frederick, Mary Land OCT 6M 1/67

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O OEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay increasing, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pages may be TO DEPUTY MEDIC

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		IVI	EDICAL	EXAMINER'S	CERTIFICAT	E UF DEA	III	1.	1849	
1.	PLACE OF DEAT	H			2. USUAL RESIDEN	ICE (Where deceased	ived, If instit	ution: Residence	before adm	mission)
	a. COUNTY	Frederic	k		a. STATE	aryland	b. COUNTY	Fred	erick	
	h. CITY OR TOW	N (If outside corners	ta limite	MARYLAND  c. LENGTH OF STAY IN 1b		If outside corporate	limits write			
	Write RURAL	N (If outside corpora and give nearest tov	vn)				111111111111111111111111111111111111111	NORAL und Si	lo ilculose	,
		ick- Rural		Minutes		erick			10	-/
				ospital, give street address)	d. STREET ADDRESS	3			ON A FA	DENCE ARM?
		tate #70-2	miles S	of Frederick	404	Lee Place				NO A
3.	NAME OF DECEASED	F	Irst	Middle	Lest	4. DATE	Month	Day	Year	
	(Type or print)	J	ohn	Edward	Cline	DEATH	Oct.	23-	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE		UNDER 1 YEAR		
1	dale	White	WIDOWED	DIVORCED	June 22-19	45 22	Vrs.	onths Days	Hours	Min.
10a	USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (	State or foreign co	3	12. CITIZEN	OF WHAT	
		Operator	ed) If	NDUSTRY	W. Va.			COUNTRY	U.S.	Α.
	FATHER'S NAM	-1	1 uc	74-04	14. MOTHER'S MAI	DEN NAME			0.0.	124.6
15		R. Cline	200000			C. Loughry				
(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates or	of service)	SOCIAL SECURITY NO.   17.	INFORMANT		Address			
	No		21	19-44-2724 Det	wey R. Clin	e-404 Lee	Place-	Frederi	ck, M	ld.
	18. CAUSE OF	DEATH [Enter only on	ne cause per li	ne for (a), (b), an (c) 3	11- 7	7 0		INTE	RVAL BET	WEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE		markene	beaus c	Javen	2	UNS	ET AND D	EATH
	8/61			0 00	0	A 1				
	Conditions, If	any, which \	ILA	rulsed St	2401 2	Cerelos	um			
	gave rise to	Immediate	(b) CO 4	1000						
-	cause (a), s		TD					200		
_	underlying caus		(c)			DISCOSIONALTIC	LOWER IN DA	DT 1(a) 120	WAS ALIT	TORRY
5	PART II. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBU	ITING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE CONDITIO	IGIVENINPA	RT 1(e) 19.	WAS AUT PERFORM	MED?
S								YE	S I	NO 🗌
	20a. EXTERNA	L CAUSE WAS CONTRIBUTING [	20b. I	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	of injury in Part 1 o	r Part II of I	tem 18.)		
8	CAUSE OF DEAT	TH.	T	ruck - ca	n colli	sin				
A	20c. TIME OF	INJURY Month, Day,				farm, 20f. (City o	r town)	(County)	(S1	tate)
MEDICAL CERTIFICATION	Hour a.r	m. 10-2319	67 While at work	Not While A factor	CE OF INJURY (Home, ory, street, office bldg.,	etc.) The The	levich	meder	22-7	ned
-	21. I certify			ains described above, he	ld an Autopsy	Inspection	, Inquiry	y , and	in my o	pinion
	death result	ed from: Natura	causes [	. Accident X Su	icide , Homic	ide , Unde	termined m	anner 🗌		
-		1	MA	7	CHIEF MEDIC	AL EXAMINER				
	ACTUAL	28000	XIII ILS	HILLAGO	M.D. ASSISTANT M	EDICAL EXAMINER		22	. DATE S	IGNED
	SIGNATURE	- Comment	11 190			CAL EXAMINER			- 0	1-
	EXAMINER'S NAME (Type)	Robert J.	Thomas	5		et, city, town, or co		10	-23-	67
23a	BURIAL, CREM	ATTION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N (City, tow	n or county)	(Sta	ate)
	REMOVAL (Spe	ecify) Oct 26		Parsons Ceme	tery	Parsons	- W. V	a.		
24.	FUNERAL DIRE		77701	ADDRESS ME To		EC'D BY REGISTRAR	1.25b. REG	ISTRAR'S SIGN		
		chison & Sc	on F	rederick, Md.	27.701	ICT 2 5 19		lanles		E.
			- di		DATE		1/	V	1	4

VR AISME (5) 1/65

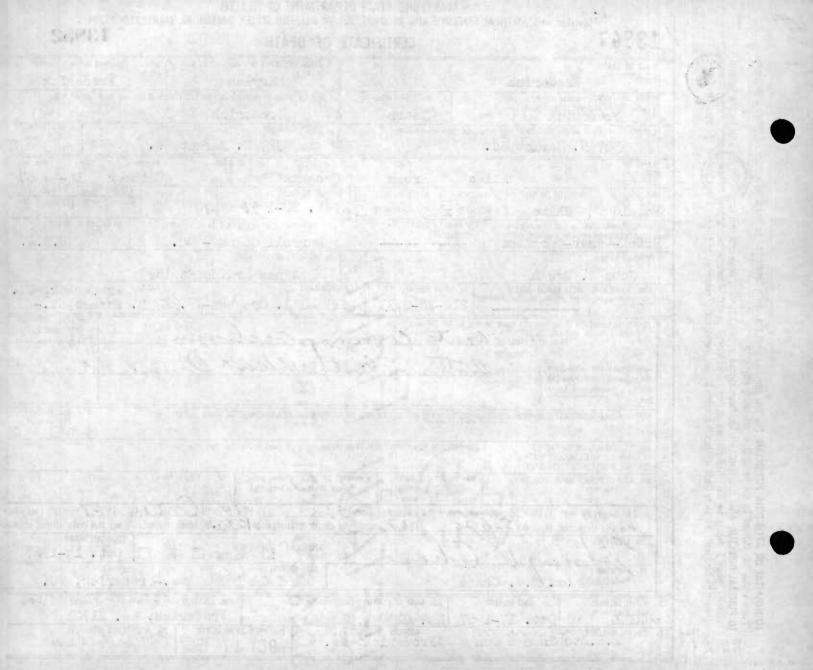
SELUCIAL -particular of the control of the con Million and Million of D. . Company of the Company with the to The Head with the part of The second of th Supple Samuel A grand profits to the training 13-65 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2a, b, c & d infor, taken from birth cert. 13845 CERTIFICATE OF DEATH 13850 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY FREDERICK Carrl. MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS Mt. Airv FREDERICK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Route #L FREDERICK HOSPITAL MEMORIAL YES NO X within 3. NAME OF Middle 4 DATE remove carban First Lost Month Dov Year DECEASED BABY B04 CONDON 10 1967 event, (Type or print) DEATH S. SEX NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED lost birthdoy) Months Days Hours Min. MALE WHITE 10-17-67 and in any WIDOWED DIVORCED and 1Db. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT FREDERICK, MARYLAND during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, DOWDY SUE HELEN unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service NO crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN -transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by by the haspital ar attending physician. DUF TO burial Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar ta l lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'o.m foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased from 17 Oct , 1967, to 250 ct , 1967, that (1) (we) lost be retained 1967, and that death accurred at 11:25 PM, from couses and an the date stated above saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** directar, puz M.D. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOI 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) RED. MEMORIAL HOSPITAL
ADDRESS | 250. REC'D FREDERICK 9 RELEASE TOHO 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Frederick MARYLAND Marvland Frederick funeral funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearest town Hgwy Rt 144 nr Ridgeville Rural Ijamsville minutes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 State any delay 2, and 3 t Box 76 I jams ville P.O. NO X D.O.A. Frederick Memorial Hospital YES NAME OF Middle DATE Year THE YEAR DECEASED October 21 67 (Type or print) DEATH Leroy or Leroy James Copeland 19 James 8. Give Pages 1, 2 long with form P 2 with 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Hours 19 1-19-1948 Male Negro | WII WIDOWED DIVORCED event 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? \_ 3-3-09-3-3-3-3-3-Maryland along Construction U.S.A. any 13. FATHER'S NAME MOTHER'S MAIDEN NAME 24 hours in Item 18. = File James L. Copeland
15. WAS DECEASED EVER IN D.S. ARMED FORCES? Sadie Mae Monroe 17. INFORMANT 16. SOCIAL SECURITY NO. Md XAMINER: This certificate should be executed within 2: certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's 0 (Yes, no, or unkown) (If yes give war or dates of service) permit. かんかんかん かんかん かんかんかん 212-50-6672 Mrs Lois S. Copeland I jamsville P.O. No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the G used as a to burial, underlying causa last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. CERTIFICATION PERFORMED? YES 7 NO should be 20a. EXTERNAL CAUSE WAS PRIMARY (7) or CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJUSY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 3 shou CAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) MEDI at work CTOR: Page designated at work 21. I certify that I took charge of the remains described above, held an Autopsy the cert Inspection Inquiry and in my opinion files. FUNERAL DIRECTOR: Undetermined manner Accident Suicide death resulted from: Natural causes Homlcide CHIEF MEDICAL EXAMINER 4 for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER EXAMINER'S director. retained NAME (Type) Robert Address (Street, city, town, or county)Frederick, Md J. Thomas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 0 10-25-67 I james ville Fountain Methodist Fred. Burial REC'O BY REGISTRAR 255. REGISTRAR'S SIGNATURE OCT 2 4 1967 Illiantes 24. FUNERAL DIRECTOR ADORESS 25a. VR ALSME (5) C.E. Hicks. 111 Frederick. Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13852 CERTIFICATE OF DEATH 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, RURAL ond give neorest town)
Frederick hours Years Frederick e IS RESIDENCE ON A FARM? burial, crematian, ar remaval, and in any eveat, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 327 N. Market St. 327 N. Market St. YES 🗍 NO X within 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED Hilda Croghan October 67 11- 19 Brown (Type or print) DEATH requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** dast birthdoy) 5 Months Dovs Hours Feb. 22-1897 Female White WIDOWED DE DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Hotel-Owner-Operator **INDUSTRY** COUNTRY? attending physician sermit. Then please U.S.A. Carroll County- Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John A. Brown Agnes Ardine Etzler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frederick, Md. (Yes, no, or unknown) (If yes give wor or dotes of service) 214-28-0733 Michael J. Croghan-Jr. 327 N. Market St.-No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND, DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been irector, page 3 shauld be detached far use as the hould be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work 1964 to 4, 19 67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 shauld should be filed with the 1967, and that death accurred at 1820 M, from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED Oct. 14-1967 X M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. HYSICHAN'S NAME (Type) Dr. H.V. Chase 80h Toll House Ave.-Frederick, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) BURLAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery Oct. 17-1967 0 ADDRESS Whitmere Frederick, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR tchison & Charles 1967 20 M 1/6



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederick Maryland Frederick ages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Rural Mt Airv Rural Mt Airy filledwin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC papers. within 72+ ON A FARM New London Rd.Rt 1 Mt Airv New London Rd. Rtl Mt Airv YES NO Z The law requires that the death certificate be executed within NAME OF Middle DATE First Year corbon physicion and completely en please remove carban DECEASED 31 James Dorsev Thomas 19 (Type or print DEATH S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Hours Dovs 5-1-1882 any Male Negro WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Frederick Co. Md وهواد والمراد والماد والماد Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, signed by the attending phy Margaret Mosely Thomas Dorsey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 0 Rtl Mt. Airy 36-36-36-36 722-12-3687 Miranda Dorsey No cremotion, B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN teriosclerofic Cardiovas cular ONSET AND DEATH IMMEDIATE CAUSE (o) physicion. Disease DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse ottending os the 0 this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO S be retained by the hospital or for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) foctory, street, office bldg., etc.) Not While ATTENDING TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from plnous saw the deceased glive on Co 1967, and that death occurred of PM, from causes and on the date stated above 22b. DATE SIGNED 22n, SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Burial (Specify) Carroll Md 11-3-1967 Mt Zion Mt.Airv REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. DATNOV 1967 Frederick . Maryland C.E. Hicks. 111 20 M 1/66

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. retained for your files. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
13854

1. PLACE DF DE a. COUNTY	ath Frederick		MARYLAND	- STATE	CE (Where deceased livyland	b. COUNTY	Residence before admissi erick
b. CITY OR TO write RUR Frederi	OWN (If outside corporate AL and give nearest . CK	orate limits, town)	c. LENGTH OF STAY IN 1b Since 10/19/6		f outside corporate i	Imits, write RURAI	L and give nearest too
d. NAME OF I	HOSPITAL OR INSTITU	TION (if not In ho	ospital, give street address				e. IS RESIDEN
	ck Memoria						YES NO
3. NAME OF DECEASED (Type or prin	t) ]	First DORA	Middle F. D	Last UNNI VA	4. DATE OF DEATH	Month October	Day Year 23. 19 67
5. SEX Female	6. COLOR OR RAC	7. MARRIED		8. DATE OF BIRTH 26 June 190	last b	Irthday) Months	1 YEAR   FUNDER 24   Days Hours   M
	PATION (Give kind of w		ND OF BUSINESS OR	11. BIRTHPLACE (	State or foreign cour	yrs.   12. C	ITIZEN OF WHAT
	PATION (Give kind of wo orking life, even if rei	ired) IN	IDUSTRY	Manual a			OUNTRY?
House	-wife			Maryla		U	. S.
Unkno				Unknown			
(Yes, no, or unkown	ED EVER IN U.S. ARMED  i)   (If yes give war or dat	es of service)		INFORMANT		Address	21701
No		21	17-56-0171 Fr	ed'k Co. We	lfare Boar	d, Freder	ick, Md.
	DEATH [Enter only DEATH WAS CAUSED IMMEDIATE CAU	BY:	ne for (a), (b) end (c).]	deart I	ailure		ONSET AND DEAT
	If any, which	UE TO (b)	ulmina	us afel	lectas	7	
	statuik ma	UE TO	nactur	Le Fer	nun		
PART II. OTHE	ER SIGNIFICANT COND	TIONSCONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(e)	19. WAS AUTOPS PERFORMED YES NO
PART II. OTHE 208. EXTER PRIMARY CAUSE OF DI	NAL CAUSE WAS OF CONTRIBUTING DEATH.	20b. D	escribe HOW INJURY OCC	URRED. (Enter nature of	of Injury In Part I or	Part II of Item 18	3.)
	p.m. 10 19	( a While	Not While at work	ACE OF INJURY (Home, in ory, street, office bidg.,	farm, 20f. (City or etc.)	town) fred	unty) (State
		rge of the rem ral causes 🔲	ains described above, he , Accident S		Inspection, ide, Undet	Inquiry [], ermined manner	and in my opin
	100 A	(M)	, )	CHIEF MEDICA	AL EXAMINER		
ACTUAL SIGNATURE	rover	XULD	lear	M.D. ASSISTANT MI	EDICAL EXAMINER		22. DATE SIGN
EXAMINER'S NAME (Type)	Robert J.	Thomas.	M. D.		CAL EXAMINER K	inty)	10-23-6
23a. BURIAL, CR	EMATION J 23b. DA	TE THEREOF	23c. NAME OF CEMETER			(City, town or co	ounty) (State)
Burial (	specify) 10/24	1/67	Mount Olivet	Cemetery	Frederic	ck. Md.	
24. FUNERAL D		600	ADDRESS C		EC'D BY REGISTRAR		S'S SIGNATURE
All of the last of	J/10112	DAT. S	muller M.	701	CT 2 5 196	7 Ottes	ver Judge
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	7 Adamstown 26 June 1901 66 Maryland Unknown ed*k Co. Welfare Boar	since 10/19/67 Adamstown tal  F. DULITVA  X 26 June 1901 66  arylan1  Unknown 217-56-0171 Fred'k Co. Kelfare Boar	k Since 10/19/67 Adamstown k Nemorial Hospital  DOEA F. DURIVA  White X 26 June 1901 66  wife Maryland  1 Unknown  217-56-0171 Fred*k Co. Welfare Boar  Robert J. Thomas, M. D.

W. B. Etchison & Son, Frederick, Mr. 21701

MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13855 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY FREDERICK CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) (If autside carparate limits. pup write RURAL and give nearest tawn) PM3. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? This certificate should be executed within 24 hours after death. NAME OF 4. DATE Lost Day Year g.w. DECEASED OF DEATH OCT (Type or print) AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7. MARRIED (ast birthdoy) Months DIVORCED WIDOWED 72 hours after death 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)

13. FATHER'S NAME WORK 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) event within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO any Conditions, if any, which gave 0 rise to immediate couse (o), DUF TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should 0 Accident CAUSE OF DEATH. (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 5 may be reformed for your in TO FUNERAL DIRECTOR: Page 3: Health prior to burial, crematic While at wark factory, street, office bldg., etc.) Frederick 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , ond in my opinion deoth resulted from: Notural couses . Accident X. Suicide . Homicide Undetermined monner

NAME (Type)

VR A15ME (5) 6M 1/67

23d. LOCATION (City or Tawn)

22. DATE SIGNED

(State)

CHIEF MEDICAL EXAMINER

MD

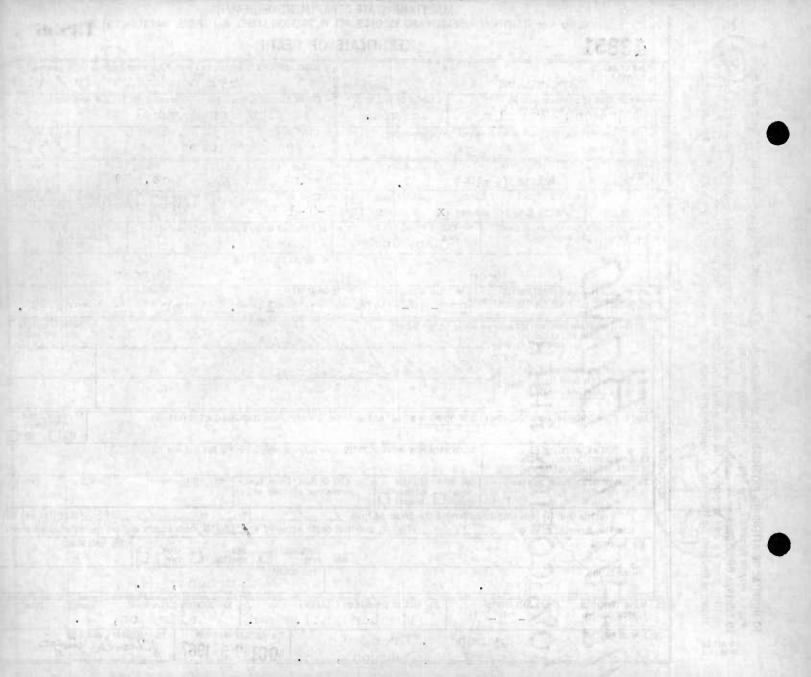
ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)

Edw D. SALAS TO SEE STATE OF THE SALAS SEEDS OF THE SALAS And the second of the second o 166 - 1 1 1 2 2 2 1 3 1 CTZ 1 1 CTZ 1 1 CTS 1 2 CTS 1 1 CTS 1 1 CTS 1 1 CTS 1 Contraction of the service of the se TANKS OF THE LOWER OF THE STREET STREET The state of the s -01-25-68 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212013856 13851 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Maryla nd Frederick Frederick MARYIAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) a 1 6 mos. Thurm ont rural signed by the attending physician and campleter filled in by burial-transit permit. Then please remave carban papers. P e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM Creagerstown Home YES NO X 4. DATE 3. NAME OF Middle Doy Year DECEASED Oct. 21 Mime Fisher (Babe Ja Type or print DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH S SEX 7. MARRIED **NEVER MARRIED** lost, birthdoy) Months Dovs Hours white 2-4-1895 female X WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRYS during most of working life, even if retired) West Va. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval Snyder Reed 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, or unknown) ((If yes give wor or dotes of service 0 32-09-6010A Russell E. Fisher Thurmont Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY **CNSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), DUE TO far use as the f f Health priar to b stoting the underlying couse this certificate has been last. WAS AUTOPS!
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES [ NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH of (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, affice bldg., etc.) Not While ot work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from be retained shauld 6 19 6 / and that death occurred at RAPM, from couses and on the date stated above. sow the deceosed alive on\_ 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Thurmont, Md. NAME (Type) Thomas A. Love 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF . (County) (Stote) REMOVAL (Specify) 10-211-67 Arlington, Arlington Natl. Cem. 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR Ray mond VR A15 (4) 20 M 1/66 196 Thurmont Md

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13852 13857 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Frederick o. COUNTY Maryland Frederick MARYLAND delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) after Brunswick part e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS hours East Potomac Street same YES NO IX after death. 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF the FLYNN TO 6 8. Give ELTAS HARPER within 19 (Type or print) DEATH with S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED X NEVER MARRIED Haurs 6 plast birthday) Months Days 2/13/1905 male cauc. DIVORCED WIDOWED 24 hours 2 event tem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refree Railroad NDUSTRY Maryland any word "pending" in pencil in the Chief Medicol Examiner's pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within .= Annie Harper Elias W. Flynn File ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dates af service) or removal, 705-10-24 Charles E. Forney Brunswick, Md. no 1B. CAUSE OF DEATH (Enter only one cause per liperfor (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) e, writing the word forworded to the Ch cremation, DUF TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause 0 00 buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO K please execute the certificate, 0 pe 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) ogent, prior 3 should S. AL EXAMINER: CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Page at wark at wark designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Natural causes Accident . death resulted fram: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Heolth or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 10-16-67 Robert Thomas, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY Park Heights Cemetery BURIAL, CREMATION, 23d. HOCATION (City, or Lown) (Stote) 50 REMOVAL (Specify) Md. 24. HINERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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PLACE OF DEAT     COUNTY	Frederick		MARYLAN		. USUAL RESIDEN	vce (Whore do yland		institution:	Resident		a dmission)
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d. NAME OF HOSE	PITAL OR INSTITUTION (I		itel, give street address)		d. STREET ADDRESS	litary	Road				A FARM?
3. NAME OF DECEASED (Type or print)	First Estv]		Middle		Last	4. DATE OF DEATH	Month		Doy 30	Yee	
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15. WAS DECEASED E (Yes, no, or unkown)	VER IN U.S. ARMED FOR (If yas give wer or dates of s	ervica)			John E. Ha	nson-32		Fred llege		-	
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Conditions, if en gave rise to immed (e), stating the ceuse lest.	diate couse	TI	romb	nin la	ofit	me	Odle	Cre	bra	lar	try
	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	JT NOT R	ELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(6) 1		AUTOPSY DRMED?
20e. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter neture of injury	in Pert I or Pert	II of item 1B.)				
20c. TIME OF INJ Hour e.m. p.m.	URY Month, Day, Yes	While	_Not Whila _		OF INJURY (Home, fai , street, office bldg., at		or town)	(Co	unty)		(Stete)
	that (I) (this hospit		ed the deceased fr		eath occurred at						
220. SIGNATURE	enry V	Ch	ase	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		Oct		SIGNED
22c. PHYSICIAN': NAME (Type	o) Dr. H. V	. Chas					ve.,Fre				
23a. BURIAL, CREMA REMOVAL (Specifi Cremation	TION, 23b. DATE THEF		Fort Linco		rematory	3201	Bladen:	sburg	Rd.	,Wasl	h.,DC
M.R. Etc	or's signature Elicabilison & Son	vood Fr	rederick, Md	itm	701 DATE 0	CT 3 1	1967 REG	GISTRAR'S Clian	SIGNA	TURE	2

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13862 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown, 32 years Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS R.D.# 2 YES NO completely vi nave carben ny event, with 3. NAME OF Middle 4. DATE First Lost Month Doy Yeor DECEASED OF DEATH Clarence Earl Hawk Jr. October 6. (Type or print) 9. AGE (In years IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Hours Min. Male Sept. 16. 1935 and in any White WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) physician en please INDUSTRY Frederick Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaya Clarence E. Hawk Sr. Ruth Bollinger IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 220-32-3336 Clarence E. Hawk Sr., Taneytown, Md. R.D."2 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) After this certificate has all NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work ot work 190/, that (I) (we) las , 19, 22, ta\_ 21. I certify that (1) (this haspital) attended the deceased fram... 196 and that deoth accurred at AM, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive an, 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. director, page 3 shauld be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S Dr. W. R. Cadle Emmitsburg, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Emmitsburg. Frederick Co. Md. Mt. View 250. REGIO BY REGISTRAR 1967b. REGISTRAR'S 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Emmitsburg, Md. DATE

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201

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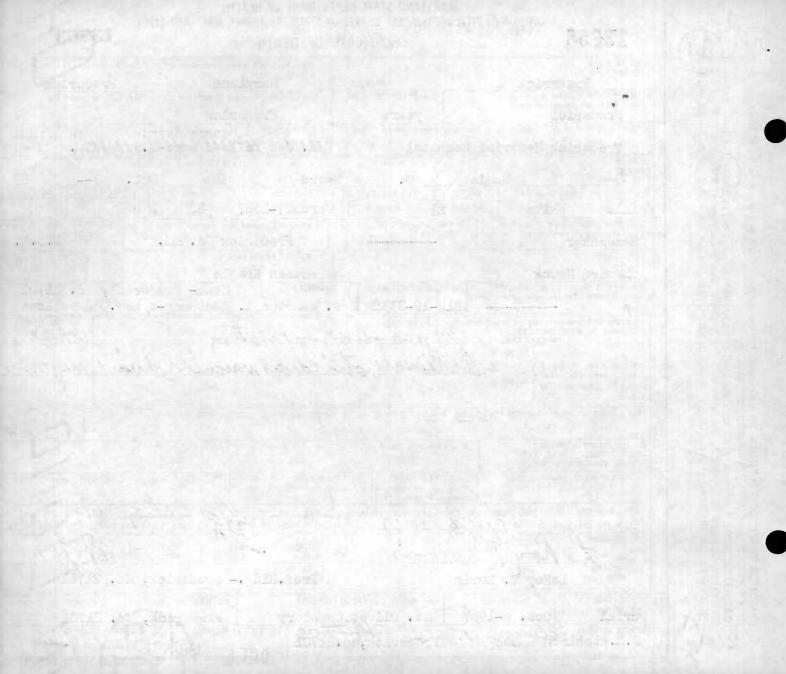
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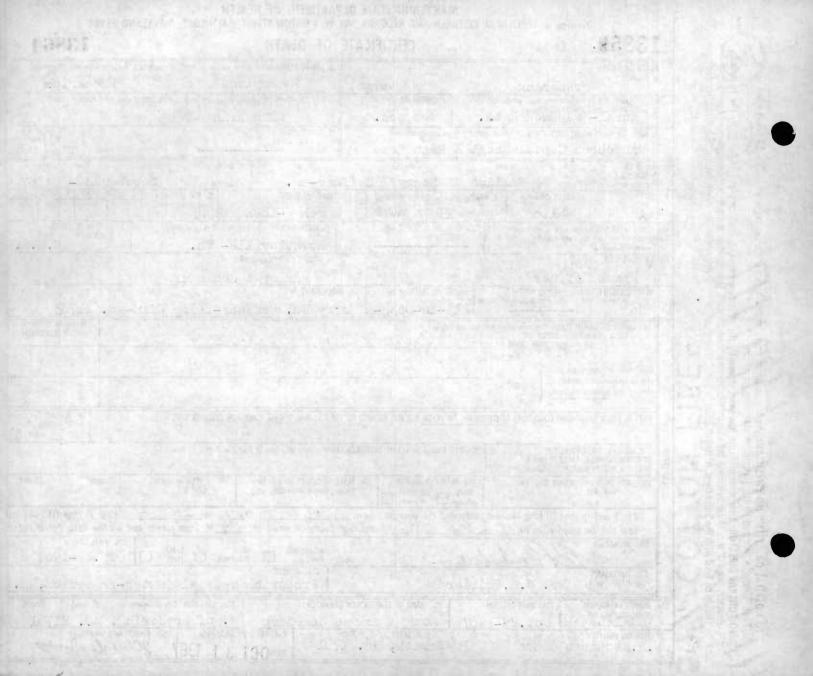
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.	2	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	_		A	1

VR A15 (4) 25M 1/67

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1. PLACE OF DEATH	1				ENCE (Where deceose	ed lived, if institution		admission)
o. COUNTY	Frederick		MARYLAND	o STATE M	arvland	b. COUNTY	Frederic	ck
	(If outside corporate limi	its,	c. LENGTH OF STAY IN 16		el .	e limits, write RURAL		
	and give nearest town)		years	F	rederick		1	0.1
	PITAL OR INSTITUTION (If r	nat in haspital, g		d. STREET ADDRE	SS 8 Monro	e Avemie	e.	IS RESIDENCE
Fred	lerick Memor	ial Hos	pital	Md4/Odd		Home + N (Ma	CAKOTST YE	ON A FARM?
3. NAME OF		irst	Middle	Last	4. DATE	Manth	Doy	Year
(Type or print)	M	amie	G.	Heerd	OF DEATH	Oct.	3	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years		F UNDER 24 HRS.
Female	White	WIDOWED	OIVORCED	March27-	1887   8	dast birthdoy) A	Months Doys	Hours Min.
	ION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (	County & Stote, or fore	eign country)	12. CITIZEN OF V	
Homema	ng life, even if retired)	IN	DUSTRY	Fre	derick Co	. Md.	COUNTRY?	U.S.A.
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
Edwar	d Houck			Susan	Kreglo			
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES'  n) (If yes give wor or dotes	? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT	· Home	- Frederi	ck, Md.	21701
No No	(If yes give wor or dotes	21	4-10-2336D M	rs. Mauric	e A. Rams	burg-c/eM	Id.Odd Fe.	llows
18. CAUSE OF	DEATH (Enter only one co			, 1 . 1	A .		INTER	VAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSI	E (o) 2	nyocardi	alinla	ichon		2ºN	AND DEATH
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PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED	TO THE TERMINAL OISE	ASE CONDITION GIVEN	IN PART 1(o)		AS AUTOPSY ERFORMED?
200. ACCIDENT V OR CONTRIBUTION							YES	
20o. ACCIDENT V	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of in	jury in Port I or Port	II of item 18.)		
	FY MEDICAL EXAMINER)							
20c. TIME OF II	NJURY Month, Doy, Yeor			PLACE OF INJURY (Hom foctory, street, office blo	ne, form, 20f.	(City or town)	(County)	(Stote)
W	p.m. 19	While of world		Tocioty, sireer, office bio	ag., etc.)	a.l.	, 7	
21. 1 cer	rtify that (1) (this ha	spital) atten	ded the deceased fram	Jan	_, 196/10	0013,	_, 19 <i>61</i> , that	(I) (we) las
saw the	deceased alive an_	oct 3	19.4.7, and t	hat death accurre	ed at 7 4 M,	, fram causes on		
22o. SIGNATUR	RE P	16	a 1	ATTENDING	MED.	STAFF	226. DATE SIGNED	17
6	Zelloy	10	ares	M.D. PHYS.	DIRECTOR	PHYS.	10/3/	6/
22c. PHYSICFAT NAME (Ty	pe) LeRoy T.	Davis		22d. ADDRES	ildg Fre	derick, M	Id. 21701	
			The war of construct					(5)
230. BURIAL, CREMA REMOVAL (Spec	ATION, 23b. DATE TI		23c. NAME OF CEMETERY			CATION (City or Town		(Stote)
24. FUNERAL DIREC	7702		Mt. Olivet	Cemetery 250		derick, M	STRAR'S SIGNATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13859 13864 CERTIFICATE OF DEATH . USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE h. COUNTY o. COUNTY Maryland Frederick Frederick MARYLAND after 24-hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Je write RURAL and give negrest town)
Rural - Braddock event, within 224 ours Lime Kiln led in by two mos. e. IS RESIDENCE d. STREET ADDRESS papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Vindobona Convalescent & Rest Home YES NO TX within Middle 4. DATE Year NAME OF First Lost campletely DECEASED William 26-Heffner-Sr. October 67 Henry 19 DEATH (Type or print) car requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 8. DATE OF BIRTH S. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave birthdoy) Months Doys Hours March 5-1882 WIDOWED K burial, crematian, ar remayal, and in any Male White DIVORCED pup 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) **INDUSTRY** attending physician termit. Then please Lovettsville- Va. U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Heffner Margaret Schaefer 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 213-16-0634-A Harry Ed. Heffner- Lime Kiln-Md. 21763 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the signed by the burial-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO stoting the underlying couse be detached far use as the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While 19 ot work ot work 1967, to 26 oct 21. I certify that (1) (this hospital) attended the deceased fram Julis . 1967, that (1) (we) last directar, page 3 shauld shauld be filed with the 1967, and that death accurred at 1 A M, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING Oct . 27-1967 M DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) Dr. J.R. Poirier Frederick Medical Center-Frederick, Md. 23d. LOCATION (City or Town) 23r. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23h. DATE THEREOF 23o. BURIAL CREMATION REMOVAL (Specify) of Frederick, Md. 21701 Rocky Springs Cemetery 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Milanles Frederick, Md.21701 M.R. Etchison & Son VR A15 (4) 20 M 1/66 1967 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13865 CERTIFICATE OF DEATH 13850 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Maryland Frederic
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours ofter hin 22 Hours oft c. LENGTH OF STAY IN 1b Rural Mt Airv Frederick 10 hrs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS illed in Frederick Memorial Hospital Rtl Mt Airv YES NO DK ond in any event, within within DATE 3. NAME OF Middle Lost Month Doy Year remove corbon DECEASED (Type or print) William Hopkins Edward 1967 DEATH 28 October requires that the deoth certificate be executed AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SFX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED -14-1881 Male Negro 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY attending physician sermit. Then please Frederick, Md

14. MOTHER'S MAIDEN NAME U.S Railroad 2/2-2/2-2/2-2/2-2/2 13. FATHER'S NAME cremation, or removol, Emily Graham Oras Hopkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO permit. 723-09-0518 Horace Williams Mt Airv. Md Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO signed 1 burial Conditions, if ony, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse Poge 4 moy be retained by the hospital or ottending os the prior to hos been last. WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 3 should be detached for use with the State Dept. of Health NO YES? O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 1967, to (2 21. I certify that (I) (this hospital) attended the deceased from 2-28 1967 sow the deceased alive an and that deoth occurred at 301 M. fram causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 70 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Dorsey Chapel Fred 10-31-67 Rt. Airv Buria 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 NOV 1 1967 C.E. Hicks. 111 Frederick Maryland

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**ADDRESS** 

Company, Middletown, Md.

13866

IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

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22. DATE SIGNED

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12. CITIZEN OF WHAT

COUNTRY?

(County)

(County)

250. REC'D BY REGISTRAR 67

IF UNDER 1 YEAR

Months

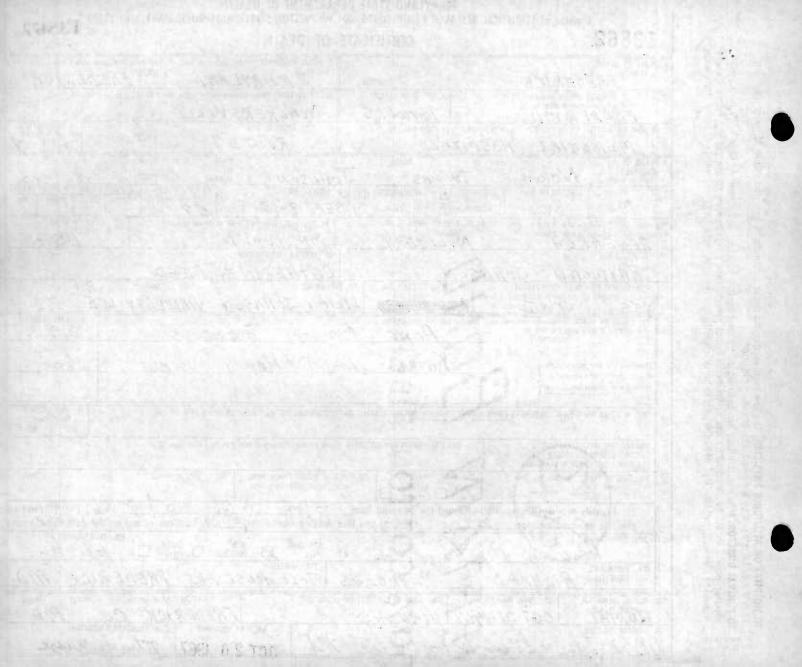
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24. FUNERAL DIRECTOR

2018-11 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13862 CERTIFICATE OF DEATH 24 hours after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) filled in By the ve carban papers. Po event, within 72 hour WALKERSVILLE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS ON A FARM? ROUTEI EMORIAL HOSPITAL YES NO X law requires that the death certificate be executed within 3 NAME OF 4 DATE Middle Month please remave carban Day Year DECEASED NORVILLE OHNSON OCTURER 19 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthdoy) Months Days Hours and in any W WIDOWED DIVORCED 10g JISHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & Stote, ar fareign cauntry) during mast of working life, even if retired) COUNTRY? INDUSTRY ARYLAND RESEARCH 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, JOHNSON REED THERINE 17. INFORMANT RI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) WALKERSYILLE LILIAN JOHNSON WWTI cremation, CAUSE OF DEATH (Enter only one cause per line far (a), (b) ond (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Conditions, if any, which gove TRIERIO SCLEROTIC rise to immediate cause (a). DUE TO stoting the underlying couse use as the lath priar tak TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION Health YES NO for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m Nat While 19 at wark at work shauld be 21. I certify that (1) (this haspital) attended the deceased fram\_\_\_\_ 10 19 (2), ta 19 67, that (1) (we) last a, and that death accurred at as AM, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TOLL HOUSE AVE director, shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (Stote) 23a. BURIAL, CREMATION, 23b DATE THEREOF EDER ICK 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ochanles



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c & d Film 13868 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick b. COUNTY Frederick Maryland MARYLAND ours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) Frederick New Market Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

Home For The Aged e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 11/5 Record Street YES NO X within 3. NAME OF Middle 4. DATE Month Doy Lost Year DECEASED **JONES** CLARA V. October 67 and complete 19 (Type or print) DEATH buriol, cremotion, or removol, and in ony event, remove cor requires that the death certificate be executed S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Hours White Female Feb. 12. 1872 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? A the attending physicion or sit permit. Then please Researcher Selfowl if Teacher INATISTRYE Libertytown. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Galt Jones Sarah Burgess 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 214-54-0367 Frederick. Maryland Home For The Aged INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or ottending physicion. DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse use os the olth prior to b has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20f. (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) ot work of work 'O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from. 19. L, that (I) (we) last director, page 3 should Should be filed with the 19 67, and that death accurred at\_ M, from causes and an the date stated above. saw the deceased alive on\_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 10-4-1967 M.D PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. James B. Thomas 228 North Market Street Frederick. Md. M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Central Methodist Cemetery Central. Maryland 10-6-1967 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 967 25b. REGISTRAR'S SIGNATURE

Frederick. Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		7000 #	CERTIFICATE	OF DEATH	13	
	1.	PLACE OF DEATH D. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where do a. STATE Marylan	eceased lived, if institution: Reside	ence before odmission)
		o. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Frederick	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	proproate limits, write RURAL and gi	ive neorest tawn)
		. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS		e. IS RESIDENCE
4		Frederick Mem. H	ospital	RFD # 2	, Woodbine	ON A FARM? YES NO TO
	3.	NAME OF First	Middle	Last 4. Da		Day Year
		DECEASED (Type or print) Ada	S. Just	0		11 1967
	5.			B. DATE OF BIRTH	9. AGE (In years   IF UNDE	R I YEAR   IF UNDER 24 HRS.
	F	emale White WID	DOWED TO DIVORCED	Sept. 18, 188	8 last birthday) Manths 79 yrs.	Days Hours Min.
Ì	100	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty & State,	or fareign country) 12. (	CITIZEN OF WHAT
	duri	ng mast of warking life, even if retired)  Housewife	INDUSTRY	Howard Co.		OUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1100	0028
		Frank Sullivan	Application of the	Fligshet	h Harrison	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	(Ye	s, na, ar unknawn) (If yes give war ar dates af service		sonand Tustia	e. Mt. Airy.	Md.
		1B. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c),)	(, ),	2	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	arcinon	ra. K.	devoled	ONSET AND DEATH
		1420 DUE TO				
		Conditions, if any, which gave ) (b)				
		rise to immediate cause (a), Stoting the underlying cause DUE TO				
		last. (c)				
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I o	or Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour'a.m. p.m. 19		E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City ar town) (C	county) (State)
		21. I certify that (I) (this hospital)	attended the deceased fram	Oct. 1 , 19 67	2, to Oct. 11, 19	67, that (I) (we) la:
		5 //	Oct. 11 19 67, and that	death occurred att:30		
		220. SIGNATURE	$\sim 1$	ANTENDING MED.	STAFF C	DATE SIGNED
		OD DINCHANG	M.D		OR PHYS. OC	t. 12,67
		22c. PHYSICÍAN'S Ade 1 Demi	ray, M.D.	22d. ADDRESS Frederick	, Maryland	
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY . 23	d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) Oct.14,19		napel	Florence, M	
1	24	FUNERAL DIRECTOR	ADDRESS	25a. RECID RY RE	GISTRAR 19625b. REGISTRAR'S	SIGNATURE CURSON
		Ulin L. Moleswor	th Damescus Ma	1 001	TO IODI	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Frederick Maryland MARYLAND death. funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
I'rederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b may Frederick vears after a. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS Page State 38 E. South St. Frederick Memorial Hospital NO X YES DATE Month Day Year NAME DE First Middle Last DECEASED Martin Howard DEATH October 2,2 (Type or print) Kemp 1/1- 19 67 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE ! DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days ive Pages 1 with form Hours Male White WIDOWED [ DIVORCED June 11-1896 l and a 12. CITIZEN OF WHA 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Give during most of working life, even if retired) INDUSTRY COUNTRY? Blacksmith Own Business Maryland U.S.A. any pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME 24 hours in Item 18 in Ite. Daniel Enos Kemp Eleanor Mae Zimmerman File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT Md.21701 (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, 214-34-1066 executed within Examiner's Mrs. Ida D. Kemp-38 E. South St.-Frederick-No in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burlal-transit IMMEDIATE CAUSE (a) EXAMINER: This certificate should be execut certificate, writing the word "pending" certificate, writing the word "pendical F DUE TO Conditions, if any, which (b) gave rise to immediata DUE TO cause (a), stating tha should be forwarded to the Chief CO used as a to burial, underlying causa last. LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 19. PERFORMED? CERTIFICAT YES TO NO [ CQ. HOLOT 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. be DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20b. should ent, pri accedent wocan 3 shou agent, MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Whlla CTOR: Page designated at work and in my opinion Inspection Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Suicide Undetermined manner death resulted from: Natural causes Accident Homicide the CHIEF MEDICAL EXAMINER for your 4 execute Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURE o DEPUTY MEDICAL EXAMINER FUNERAL I EXAMINER'S Robert J. director. Address (Street, city, town, or county) NAME (Type) (Stata) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF 23a. REMOVAL (Specify) O 0 Oct. 17-1967 Mt. Olivet Cemetery Frederick, Md. 2170 24. FUNERAL DIRECTOR & Percol REC'D BY REGISTRAR - 25b. REGISTRAR'S SIGNATURE ADDRESS Whetmer 25a. M.R. Etchison & Frederick, Md.21701 VR ALSME DATE

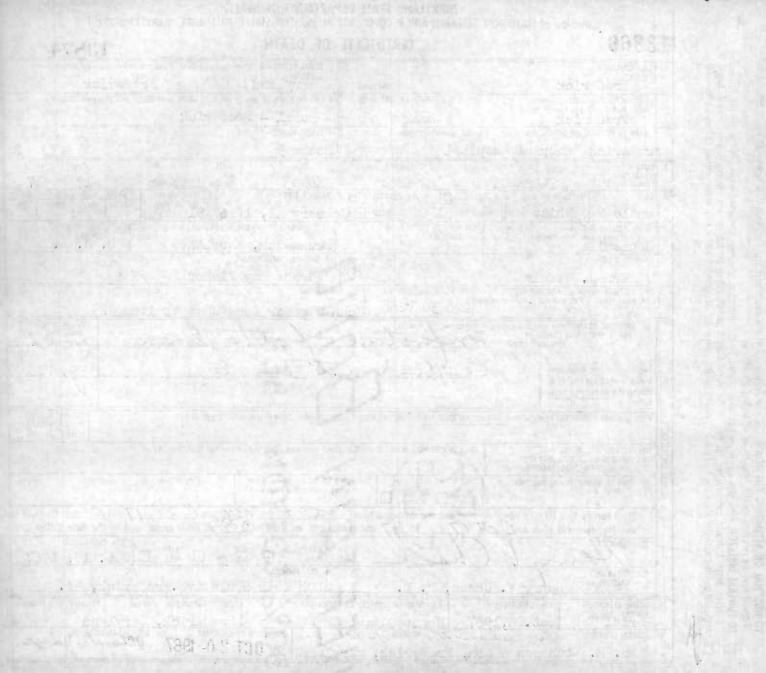
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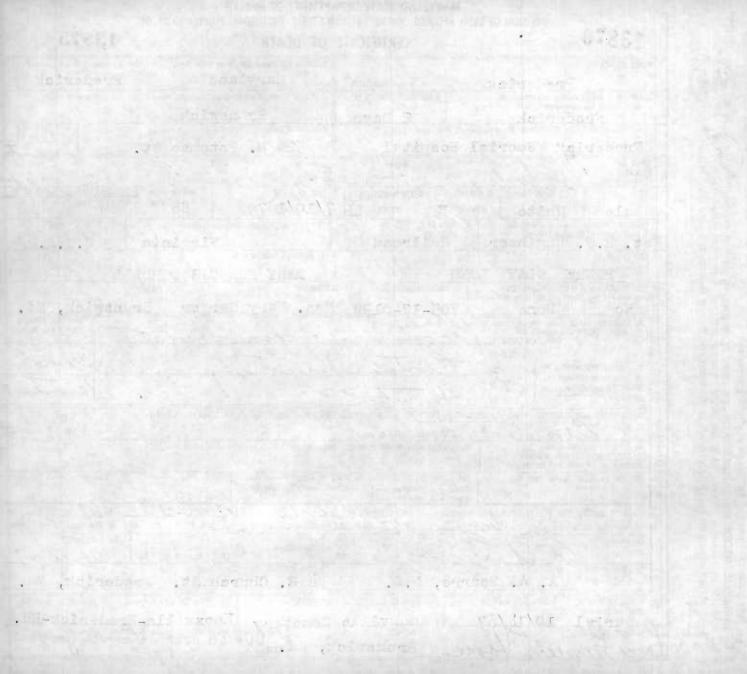
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission, a. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND pue c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give neerest town Frederick Braddock Heights weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Vindohona Convalescent Home 617 Lee Place YES NO X completely 4. DATE 3. NAME OF Middle Month өхөсир carbon papi DECEASED OF 19 67 10. GREBB KRAUSS October NELLIE DEATH within (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH and st birthdey) White Jan. 6. 1884 Female WIDOWED X DIVORCED | physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None Baltimore. Maryland U.S.A. Homemaker please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending and Mary Louise Schnibbe Louis Grebb Then 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (Ifyesgivewarordatesofservice) 215-24-8094 Mrs. Herman Ramsburg 617 Lee Place Fred. Md. physician. been signed by 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO aftending Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*): 19. WAS AUTOPSY as CERTIFICATION PERFORMED? use prior NO TX Po 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) retained by 20c. TIME OF INJURY 20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dey, Yeer o fectory, street, office bldg., etc.) Not While Hour a.m. DIRECTOR: et work et work Pe 21. I certify that (I) (this hospital) attended the deceased from... M, from the causes and on the date stated above. 19.6.1., and that death occurred at 1. saw the deceased alive on., 22a. SIGNATURE ATTENDING MED STAFF October 10, 1987 HOSPITAL FUNERAL PHYS.  $\mathbf{k}$ DIRECTOR PHYS. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) ector, 228 North Market Street Frederick. Md. 8 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. D ig REMOVAL (Specify) Baltimore. Maryland 10-12-1967 Loudon Park Cemetery ADDRESS 24 PUNERAL DIRECTOR'S SIGNATURE VR A1S Frederick. Maryland DATE =Robert Dailey & Son 20M 5-63

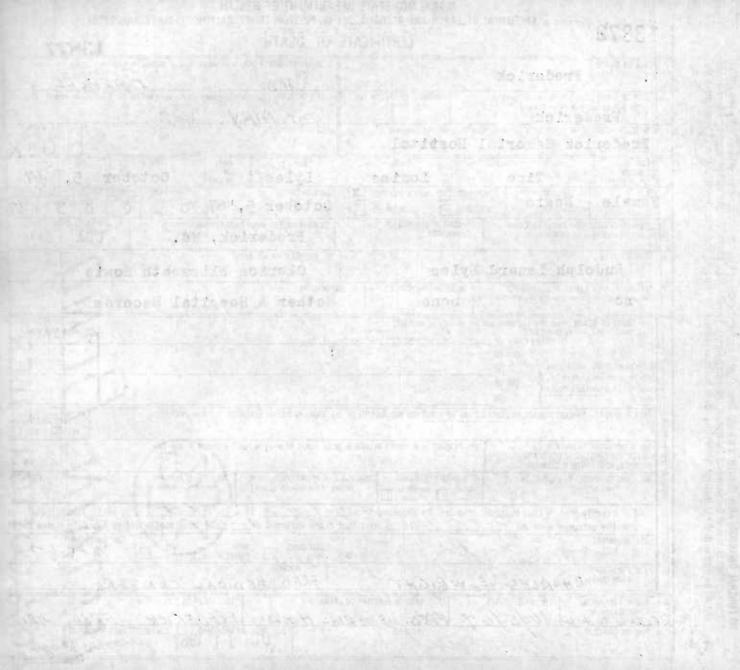
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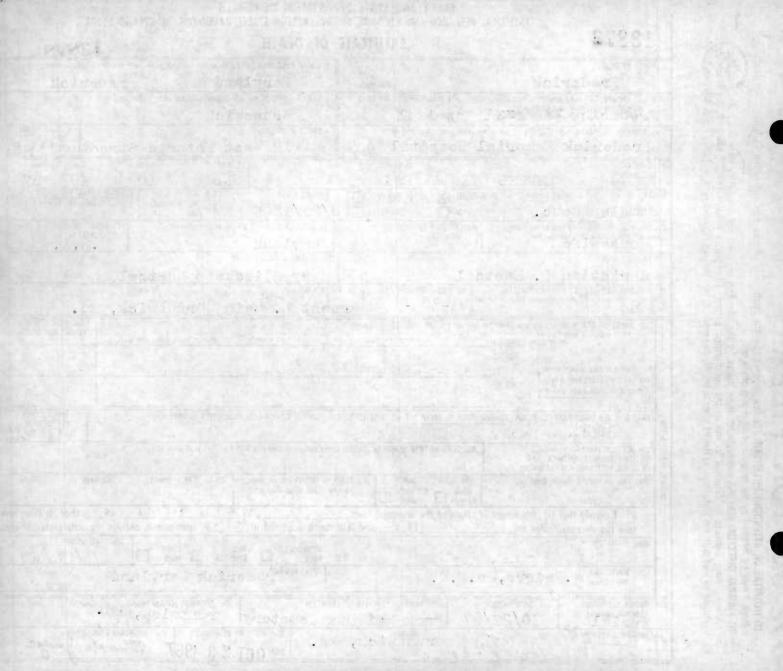
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH FREDERICK o. STATE b. COUNTY MARYLAND and campletely filled in by the fur remave carbon gapers. Pages 1 in any event, within 72 haurs after C LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RURAL and give nearest town)
FREDER ICK 29 HOURS AIRY MT. Rte 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL FREDERICK YES NO 3. NAME OF 4. DATE Month Day Year Tanva DECEASED (Type or print) 1967 DEATH BABY requires that the death certificate be executed NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED lost birthday) 10-5-6 FE.MALE NEGRO WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign cauntry) 10o. USUAL OCCUPATION (Give kind af wark dane 10b, KIND OF BUSINESS OR during mast af warking life, even if retired) COUNTRY? INDUSTRY FREDERICK - MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar remaval, RUDOLPH E LIZABETH BOWIE CLARICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give wor ar dates af service 17. INFORMANT 16. SOCIAL SECURITY NO Address MT. AIRY MARYLANI MOTHER NONE. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and,(c),) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate cause (a) DUE TO has been see as the the priar tab stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While ot work ot work 21. I certify that (I) (this hospital) attended the deceased from OCT 5, 1967, ta OCT 6, 1967, that (I) (we) last 3 shauld 6 19 6 7, and that deoth occurred at 2:15 PM, from causes and on the dote stoted above. saw the deceosed alive on\_ 220. SIGNATURE 22b. DATE SIGNED director, page 3 M.D. DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. FRED FRED. MEDICAL CENTER 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (Caunty) (Stote) REMOVAL (Specify) FRED MEMORIAL HOSP. FRENERICH RELEASE TO HOS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY rederick o. COUNTY Frederick o. STATE Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b Hospital Brunswick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS n and campletely filled in e remove carban papers. In any event, within 72 h Frederick Memorial Hospital I2 West Potomac Street YES NO TO 3. NAME OF DATE First Middle Lost Month Day Year DECEASED ETHEL MAIN T8 1967 VTOTA IO (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Months birthdoy) Hours 8/26/T895 Female Cauc. DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRY? U.S.A. INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Christian L. Kaetzel Mary Elizabeth Kaetzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED TUNCES! (Yes, no, or unknown) (If yes give wor or dotes of service) MA - 389 - 994 Ernest L. Main Brunswick. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH arcinema IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove Cerchooversul rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? use NO PO Invasin Ca. far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dd. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) at work , 19 67, to Oct. 18 19 67, that (I) (we) lost 21. I certify that (1) (this hospital) attended the deceased from Sypt. 11 Det. 17 19 67, and that death occurred at 530 AM, from causes and on the date stated above. saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING 101 M.D. DIRECTOR 22d. ADDRESS ederick Maryland NAME (Type) A . Pearre, Jr. M.D. 22c. PHYSICIAN'S Page 4 may 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town)

Region Switch Md (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) Brunswick, Park Heights Cemetery Brunswick, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **BUNERAL DIRECTOR** VR A15 (4) 20 M 1/66



18 Film 393, 10-2 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE b. CITY DR TDWN (if outside corporate limits, MARYLAND Marvland Frederick Pages c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) life Frederick = Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS DN A FARM? Frederick Memorial Hospital W. 4th Street Extended YESX NO NAME DE Middle Last Day Year DECEASED (Type or print) DEATH car 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Makel сошр October 1967 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH remove last birthday) | Months | and any Female Negro WI
10a. USUAL DCCUPATION (Give kind of work done) WIDOWEDY DIVORCED 9-15-1902 65 Vrs. attending physician a ermit. Then please re on. or removal, and in = 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 36-36-36-36-36-36-36-36 Frederick Co.Md U.S.A. Domestic

13. FATHER'S NAME death certificate 14. MOTHER'S MAIDEN NAME William W. Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Martha A Timbers 17. INFORMANT the attend 16. SOCIAL SECURITY NO. Address Md. (Yes, no, or unkown) (If yes give war or dates of service) been signed by the burial-transit permi's the burial cremation, o 184-26-3970 Lester F. Scott Petersville.Fred 36-36-36-36-36-36-36-36-36 INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which Uremia (b) gave rise to Immediate has been e as the b DUE TO cause (a), stating the underlying cause last. Chronic pyelonephritis CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate had for use of the Health p PERFORMED? ND [ 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAGE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) Not While at work at work DIRECTOR: Af age 3 should 1 lied with the S 21. I certify that (I) (this hospital) attended the deceased from. 1927 to and that death occurred at C.P.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING page DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Frederick Md Fairveew Burial 10-20-67 REC'D BY REGISTRAR 255, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 196 C.E. Hicks.111 Frederick . Maryland VR AI5 (4) 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wiftin 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in by the Toperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12075

CERTIFICATE OF DEATH

13880

1. PLACE OF DEAT	erick	MARYLAND		ICE (Where deceesed lived, If b. COUN	institution: Resid	
b. CITY OR TOWN write RURAL an Prederick	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	e RURAL end giv	re neerest town)
	ITAL OR INSTITUTION (if not Seventh Street	in hospital, give street eddress)	d. STREET ADDRESS	Seventh Street	1.53	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First ROBERT	Middle  LEE MA	Last	4. DATE Month	ober 25	y Yeer
5. SEX Male	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED   8.	DATE OF BIRTH	9. AGE (In yeers		R IF UNDER 24 HRS.
done during most of w	TION (Give kind of work orking life, even if refired) ASS' t Postma	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou Virgini		12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		THE STATE OF
William M	lann		Lola Orri	son		
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES? (If yes give wer or detes of service		NFORMANT B. Louise G.	Address, Mann (Same as		1)
PART I. DEAT  4 2 0 1  Conditions, if en geve rise to immed (a), steting the course lest.	DUE TO  y, which (b)	ute Myocardial In		Se.		hour 8 years
CATIO		CONTRIBUTING TO DEATH BUT NOT			/EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJ	CAUSE OF DEATH Y MEDICAL EXAMINER)  URY Month, Day, Year		CE OF INJURY (Home, far ry, street, office bldg., etc.	m,   2Df. (City or town)	(County)	(State)
21. I certify	that (I) (the Constitution of the that	attended the deceased from	September 12	1967, to October 2:40P	25, 19.67 and on the d	, that (I) (I) (IIII) last
22e. SIGNATURE	meas	400 M.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		ct 1967 SIGNED
22c. PHYSICIAN'S NAME (Type		s, M. D.	22d. ADDRESS 810 Tol1	House Ave., Fr	ederick	, Md. 21701
Burial (Specify	10/28/67	Union Cemeter	у	23d. LOCATION (City, too	e. Va.	(State)
	chison & Son,	Frederick, Md. 21		CT 3 0 1967	GISTRAR'S SIGN	

Prederick Maryland Prederick rederick Frederick 21507 13 west seven h street 13 .est a venth attest October 25, 57 ROBERT LEIS LANN PERSONAL PROPERTY OF THE PERSON OF THE PERSO 51 13 June 1 16 male White Virginia erch nt v (ss't ostmaster U. S. william maillim Lois Orrison 229-07-617 Mrs. Louise G. Mann (Same as iter #1) areadin area offeneleminates 12:402 7,001 100 AS X G. F. Merders, M. D. 810 Toll House Ne., Frederick, M. 21701

Union Cenetery Lovettsville, Va.

M. R. Stellison & Son, Frederick, Md. 21701

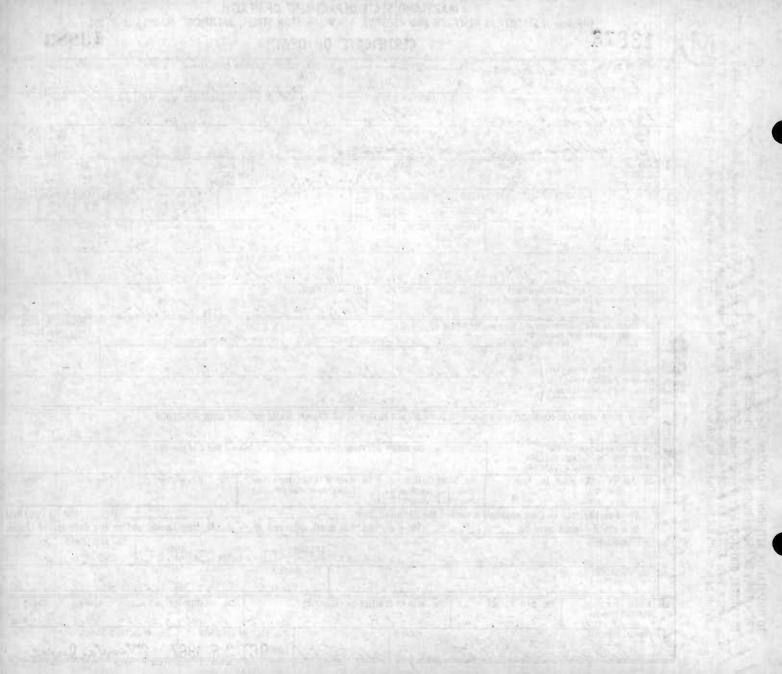
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13882 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY this 22 hours after d Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Rural Frederick Rural- Frederick Lifetime d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS and completely filled in YES NOX Route ] Route 1 3. NAME OF 4. DATE First Middle Last Manth Day Year ottending physician was carbon DECEASED 1967 Mercer October cremotion, or removal, and in ony event, (Type or print) Tra DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours White Male Sept.21-1896 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY Carpenter Frederick Co. Md. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Mercer Tda May Fox 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Route 1 permit. (Yes, no, ar unknown) (If yes give war ar dates af service) 217-10-0734 Mrs. Kathryn M. Nash- Frederick, Md. 21701 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retoined by the hospital or attending physician. DUE TO burial Conditions, if ony, which gave rise ta immediate cause (a). DUE TO for use as the t stating the underlying cause FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH of o detached (IF EITHER, NOTIFY MEDICAL EXAMINER should be detache ith the Stote Dept. (City or town) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) Haur a.m. Not While factory, street, affice bldg., etc.) 19 at wark , 1967 to bet, 9 21. I certify that (1) (this hospital) attended the deceased fram June 26 . 1967, that (I) (we) last director, page 3 should should be filed with the saw the deceased alive an Det 6 1967, and that death accurred and D. M. fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE Oct.10-1967 M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S Dr. E.A. Dettbarn NAME (Type) Walkersville, Md. 21793 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 21701 Mt. Olivet Cemetery Frederick 0 Frederick, Md. 21701 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Charles M.R. Etchison & Son VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13883 CERTIFICATE OF DEATH death after death dobona Mursing Home 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH funeral o. STATE b. COUNTY a. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aufside corparate limits, write RURAL and give nearest tawn) b, CITY OR TOWN (If autside carparate limits, RURAL and give nearest tawn). burial, crematian, or remaval, and in any event, within 72 hours 24 haurs e. IS RESIDENCE ON A FARM? OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS dod YES NO PO ursing within 3. NAME OF Middle DATE Manth Day Year remave carban Lost OECEASED (Type or print) OF OEATH 0 196 requires that the death certificate be executed IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS DATE OF BIRTH S SEX 6. COLOR OR RACE NEVER MARRIEO 7. MARRIED last birthday) Manths Days Haurs W WIOOWED OIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) COUNTRY 2 INDUSTRY attending physician sermit. Then please denicke 6 ME 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. JNFORMANT 16. SOCIAL SECURITY NO Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service INTERVAL BETWEEN 1B. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Onelra IMMEDIATE CAUSE (a) signed by DUE TO eneralized artereaselotic Conditions, if ony, which gove rise to immediate couse (o), **OUE TO** far use as the b Health prior tab stoting the underlying couse Page 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been NEAKO WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO YES 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.5) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20e. PLACE OF INJURY (Home, farm, 20f. (County) 20d. INJURY OCCURREO 20c. TIME OF INJURY Month, Ooy, Year factory, street, affice bldg., etc.) Hour o.m. While Nat While 19 at wark at wark 1967 to 14/23, 19/57, that (1) (we) last 21. I certify that (1) (this hospital) ottended the deceased fram. director, page 3 shauld shauld be filed with the 3 1967, and that death accurred at 4PM, from causes and an the date stated above. saw the deceased alive on 22b. OATE SIGNED 22a. SIGNATURE ATTENOING PHYS. 2 40 M.O. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (Caunty) (State) 23g. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OCT. 26,1967 47'5 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Minulas



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death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physician.

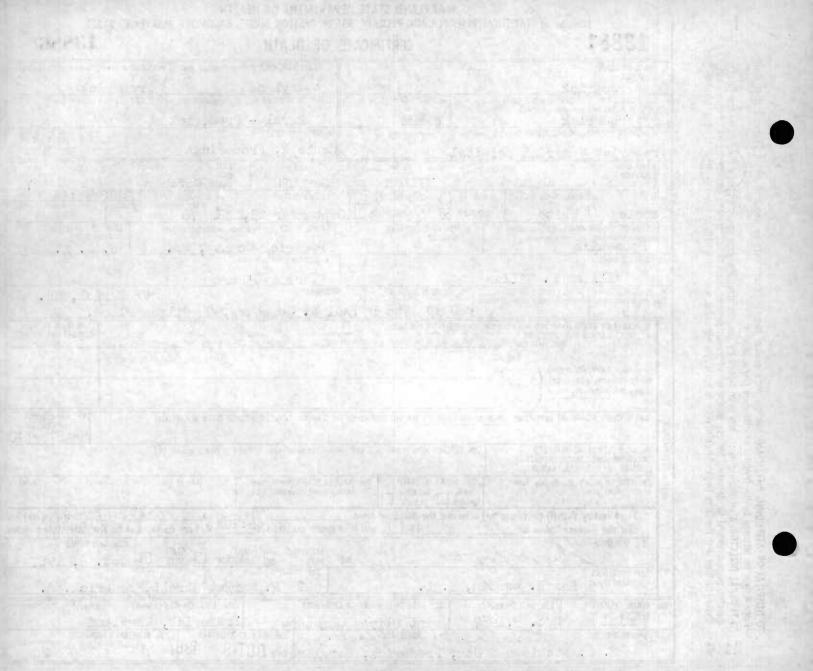
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13885 CERTIFICATE OF DEATH 13880

1.	PLACE OF DEATH a. COUNTY			ENCE (Where deceased lived,		idence before admission)
23	Frederick	MARYLANO	a. STATE	aryland	COUNTY	derick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		(If outside corporate limi		
	Frederick	3 Wks	Rural	Jefferson		10-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?
	28 Lincoln Apartmen	ts	Rtl			YES NO
3.	NAME OF First	Middle	Last	4. OATE	Month	Oay Year
	(Type or print) Me note not	Remnice W	loore	OF DEATH Oct	ober 3	1967
5.	SEX   Margaret   7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In )	years   IF UNDER 1	YEAR IF UNDER 24 HRS.
	- Winduit		4 377 3002	last birth	· · · · · · · · · · · · · · · · · · ·	Days Hours Min.
10		KIND OF BUSINESS OR	4-17-1903	(County & State, or foreign of	yrs.	IZEN OF WHAT
du	ring most of working life, even if retired)	INDUSTRY			COU	JNTRY?
12	Resturant Cook	****	Freder	ick Co, Md	Uei	S.A.
13	. FAIRER'S NAME		14. MOTHER'S MA	AIOEN NAME		
	Dave Gray . WAS DECEASED EVER IN U.S. ARMED FORCES?   16		Mollie	Dixon		
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 es, no, or unkown)   (If yes give war or dates of service)	S. SOCIAL SECURITY NO.   17.	INFORMANT		Address	
,.		15-34-3705 P	reston Mo	ore, Sr Jef:	ferson.	Md
	18. CAUSE OF DEATH [Enter only one cause per					INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	MIREA relea	Dot Page	superisa	0.2.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Marca race	4 4 100	nepeusa		10/100
	DOE TO	Variation	10.0	0		1000
- 1	Conditions, If any, which gave rise to Immediate (b)	acovar	y CLEE	lerseer		10 mic
n	cause (a), stating the DUE TO	1- 1-	005	7 14		1011001
~	underlying cause last. (c)	pertusus	6,01		sace.	10-420
10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRAL	BUTING TO DEATH BUTNOT REL	ATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA						YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URREO. (Enter nature	of injury in Part I or Par	t II of Item 18.)	
		INJURY OCCURRED   20e. PL	ACE OF INJURY (Home	, farm.   20f. (City or to	wn) (Coun	ty) (State)
MEDICAL	Hour a.m. While	fact	ory, street, office bldg	., etc.)	(00211	cy/ (Ocuro)
ME	p.m. 19 at wo		7	- 20		
	21. I certify that (I) (this hospital) atten-	ded the deceased from	June 7,	1967, to CX	3, 199/	that (I) (we) last
	saw the deceased alive on	2.71967, and tha	t death occurred a	t 250M, from the ca		
	22a. SIGNATURE   22b. OATE SIGNED					
	10 7,17	ruce M.	o. PHYS.	MEO. STAFF PHYS.		
	22c. PHYSICIAN'S		22d. ADDRESS			
	NAME (Type) Talbott A.	Brice	Jeffe	rson, Md		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (C	ity, town or coun	nty) (State)
D.		Fairview		Frederi	ck	Md
24	urial 10-6-67	ADORESS	25a.	REC'O BY REGISTRAR   25	b. REGISTRAR'S	
1	C.E. Hicks.lll Fr	ederick. Mary	land DATE	OCT 9 1967	ycharl	es judge
1	LOUS TITOUS TITE LL	OGOT TOP WELL'A	TWIT DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13887 CERTIFICATE OF DEATH the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY. Frederick arvland Frederick MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Knoxville ely filled in by the ban papers: Pa e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Residence YES NO X carban 3. NAME OF First Middle Last 4. DATE Manth Day Year attending physician and campletely sermit. Then please remove carban DECEASED MUNDAY TO 196 KATHERINE ANNIE (Type or print) DEATH S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jost birthday Months Days Hours WIDOWED SE Female DIVORCED Cauc. 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT and in a 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY during mast af warking life, even if retired)
Housewife INDUSTRY Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth E. Holmes Charles H. Moss 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give war ar dates af service) Margaret Miller Knoxville Md. none INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: Uremia requires that IMMEDIATE CAUSE (o) signed by DUE TO burial Decompensated Congestive Heart Failure Conditions, if ony, which gove davs rise to immediate couse (a). DUE TO stating the underlying cause the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been as the prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Nat While at work ot wark 21. I certify that (I) (this haspital) attended the deceased fram Oct. 18 19 67 to 25. 19 67 that (I) (we) last Oct. 25,1967 shauld and that death accurred at 7710 M. fram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 22n SIGNATURE ATTENDING Oct. 26,1967 M.D. DIRECTOR director, page 3 should be filed v PHYS. PHYS 22d. ADDRESS Gum Spring Hollow 22c. PHYSICIAN'S NAME (Type) Brunswick, Maryland Byron Kao M.D.

20 M 1/66

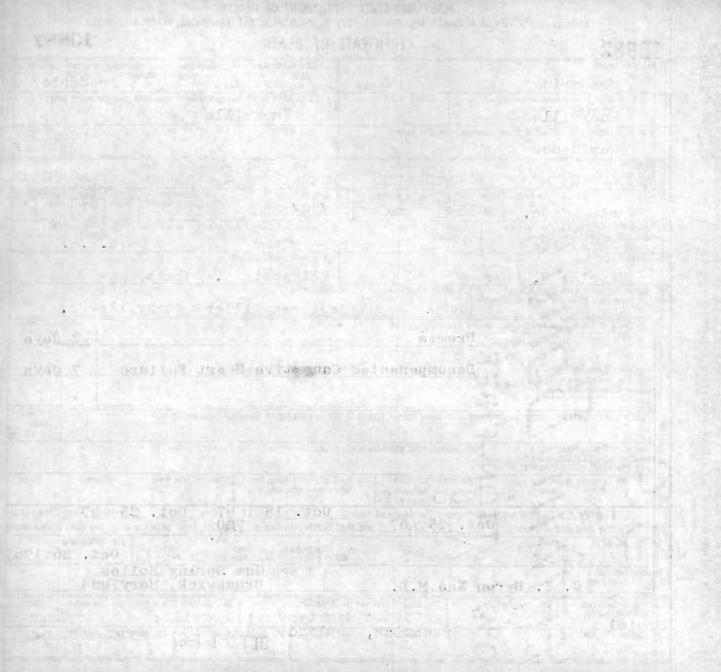
23o. BURIAL, CREMATION REMOVAL (Specify)

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Reformed Cemetery Brunsmisck, Maryland 250. RECDEN REGISTRAPO

23d. LOCATION (City or Town)

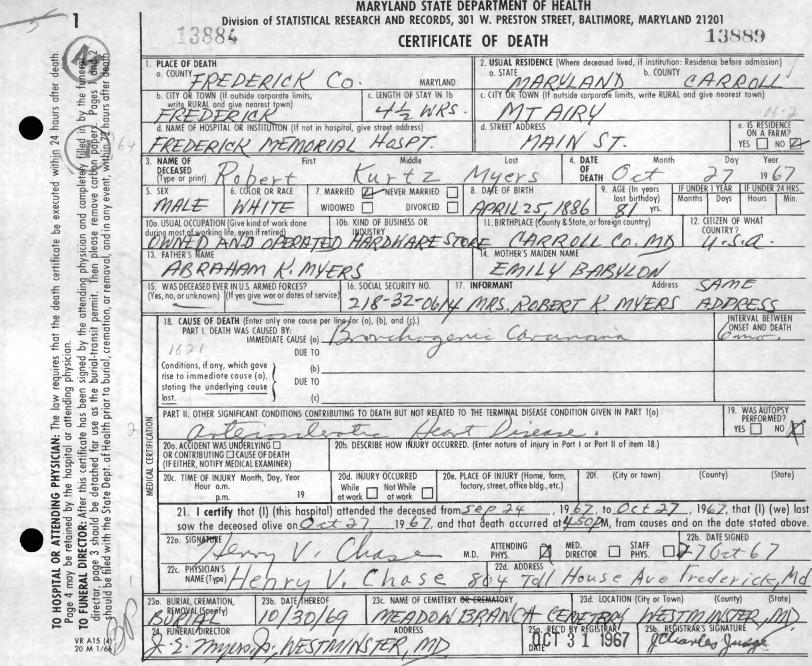
(Stote) (County) Maryland



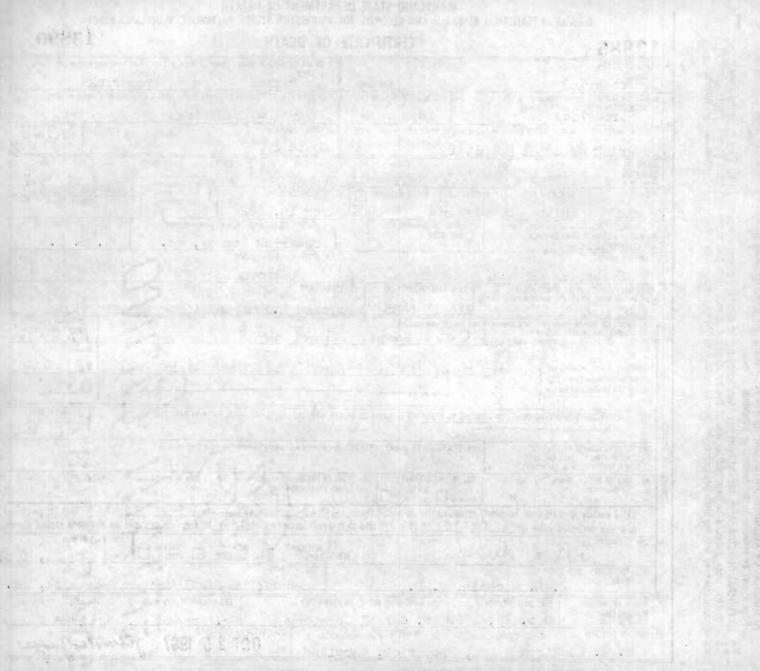
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13888HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Carroll MARYLAND cessary, funeral may be c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mt Airv Rt 40 nr FrederickMinutes Rural the 5 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? ay is 3 to Page Frederick Memorial Hospt Rt ND D YES D.O.A. Year and 3. NAME OF First Middle Last DATE Month DECEASED (Type or print) DEATH October 8 19 67 Edward Mvers James 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 8. after death. If 8. Give Pages 1, one with force last birthday) Months | Days Hours DIVORCED T WIDOWED 10-25-1945 Male | Negro | WII and a uted within 24 hours after dea " in pencil in Item 18. Give Pa Examiner's Office along with 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. -Utilities Marvland General Garage pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ella Josephine Snowden File Leroy Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. or unkown) | (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in pencil is not be forwarded to the Chief Medical Examiner's Mrs Josephine Myers Rt 6 Fred.Co. Md \*\*\*\* 213-46-0295 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: burial-transit 0 IMMEDIATE CAUSE (a) cremation, Conditions, If any, which rise to immediate DUE TO (a), stating the 60 underlying cause lest. (C) used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTDPSY CERTIFICATION PERFORMED? the certificate, writing the should be forwarded to the YES T ND [ 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 11 of Item 18.) o be should ! to a ccu lo 3 shou agent, (State) MEDICAL 20d. INJURY OCCURRED. | 20e. PLACE OF INJURY (Home, farm, (County) TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, strept, office bldg., etc.) Not While While at work at work 8 1967 FUNERAL DIRECTOR: Page Health or its designated and in my ppinipn 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER 4 director. Page 4 retained for your 22. DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Frederick. NAME (Type) Robert J. Thomas NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. REMDVAL (Specify) 90 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Woodville Church Burial 10-11-67 24. FUNERAL DIRECTOR VR ALSME (5) Hicks Ill Frederick Md 1/65

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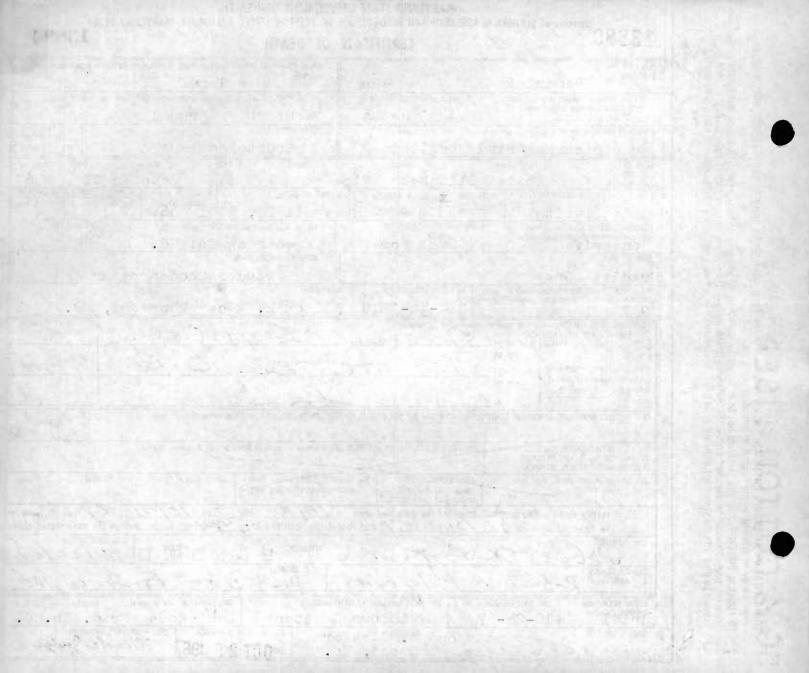
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13892 13887 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE h. COUNTY vithin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO L NAME OF 4. DATE Lost Doy Year DECEASED event, (Type or print) DEATH 19 remove car O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Doys Hours and in any WIDOWED DIVORCED physicion ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 15A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol. Plum IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or ottending physicion. DUE TO buriol Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 snown we ware now. NO V certificote 20o. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram Octag , 196), to Oct 29, 196), that (1) (we) last 19 ( ), and that death accurred at // 13 PM, fram causes and an the date stoted above. saw the deceased alive an CCL29 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REL. TO HOSP. MEMORIAL HOSPITAL PREDER 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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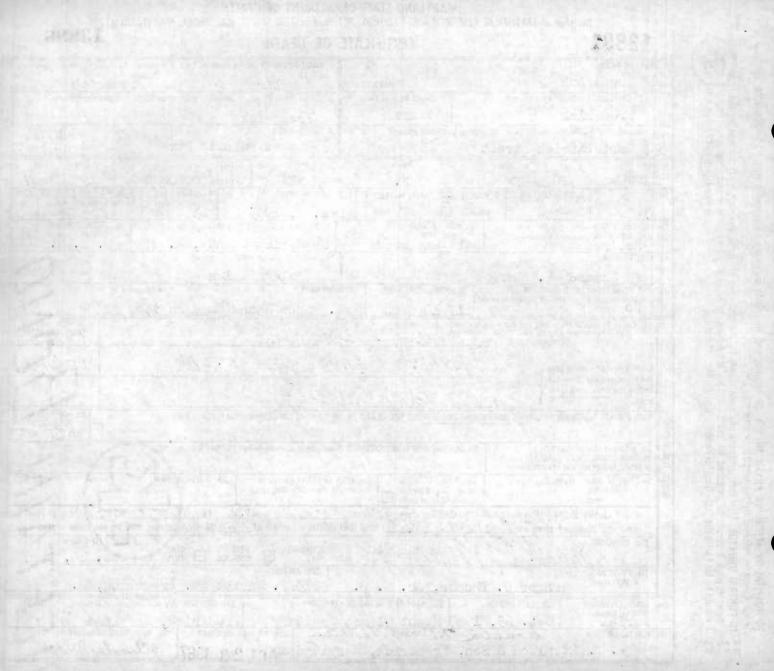
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13894 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Rages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY a. COUNTY Maryland Frederick Frederick MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) hours Thurmont weeks rural e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Frederick Memorial Hospital Mountaindale YES NO T and in any event, within NAME OF Middle 4. DATE First Manth Day Year DECEASED Annie Rice October Elizabeth 19 DEATH (Type ar print) IF LINDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Haurs white WIDOWED DIVORCED April 66vrs. female 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? OW n Frederick Co: Md. Home Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Rhodenhoefer Bradlev Grav 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service 211-118-351 Milton R. Rice Thurmont, Md. RD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH Durial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The law last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of for use af Health CERTIFICATION NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d JAHURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. 19 that (I) (we) last should 1967, and that death accurred at 4550M, fram causes and an the date stated above. saw the deceased alive an, 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, NAME OF CEMETERY OR CREMATORY LOGATION (City or Town) 23b. DATE THEREOF 23d (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 10-24-67 Co.Md. Lewistown Cometery Fred. stown 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS Cheager 24. FUNERAL DIRECTOR Raymond Minutes Judge Thuront, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13895 CERTIFICATE OF DEATH 3890 death neral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY rederick Frederick MARYLAND offer b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b executed within 24 haurs Frederick Frederick Years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS lease remove carban paper and in any event, within 72 522 Grant Place 522 Grant Place YES NO SO 3. NAME OF First Middle 4. DATE please remove carban Lost Month Year (Type or print) Bruce Harrington Runkle DEATH October S. SEX 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH 7. MARRIED X NEVER MARRIED lost birthdov) Months Davs Hours Male White WIDOWED DIVORCED October 30, 1912 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pe during most of working life, even if retired) COUNTRY? U. S. A. INDUSTRY Life Ins Co. requires that the death certificate Danville. Pa. Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Charles E. Runkle Dorothy Mumaw IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give war or dates of service) Mrs. Elva Runkle (Same as item # 2 No 207 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DENOC ARCINOMA OF JEJUNUM IMMEDIATE CAUSE (o) \_ DUE TO burial Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse peen as the prior to 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use State Dept. af Health NO YES be retained by the haspital ar this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work FUNERAL DIRECTOR: After irectar, page 3 shauld be d , 19 65, to 23 . 19 67 that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased from. Sent. directar, page 3 shauld shauld be filed with the 19 67, and that death occurred at 1890 M, from couses and on the date stated above. sow the deleosed olive on. 10 12 22b. DATE SIGNED 220. SIGNATURE STAFF ATTENDING X October 24, 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, 804 Toll House Avenue, Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION. 23b. DATE THEREOF (Stote) REMOVAL (Specify) Oct.26.1967 Mount Olivet Cemetery Frederick, Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Maryland DATE M. R. Etchison & Son. Frederick.

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MARYLAND STATE DEPARTMENT OF HEALTH



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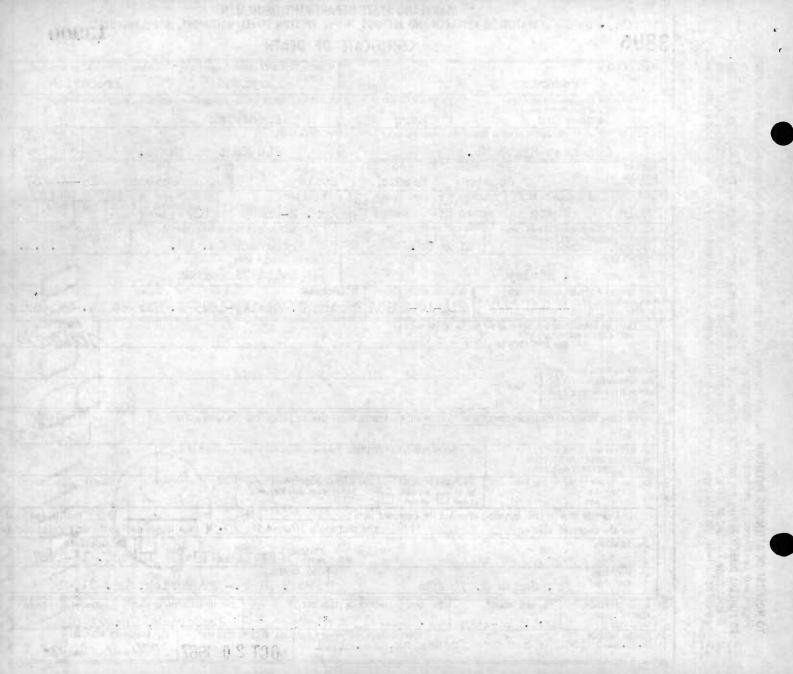
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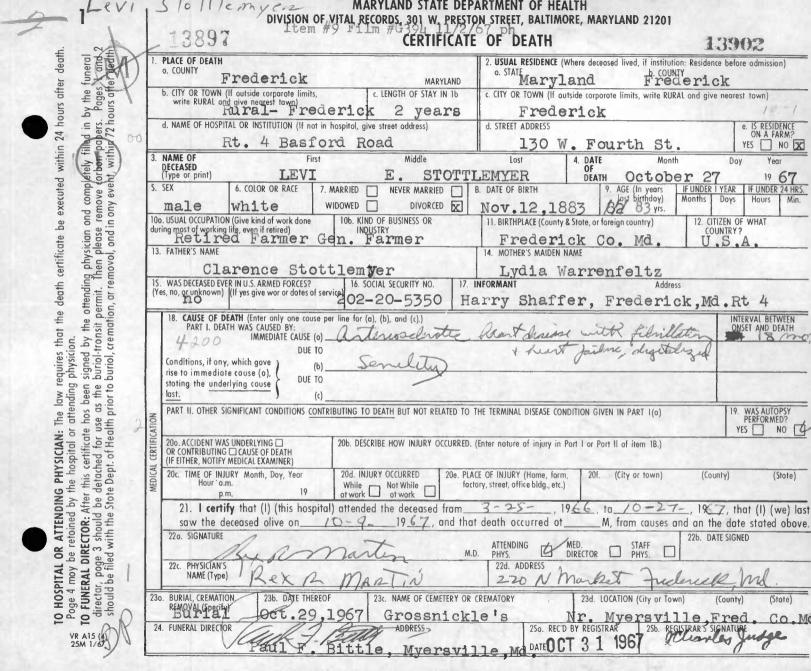
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Frederick Maryland Frederick MARYLAND signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remove carbon pagars. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years Frederick e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in 246 East Sixth St. 246 East Sixth St. YES NO T 4. DATE 3. NAME OF Middle Lost Month Doy Year DECEASED October 15--- 19 67 Staley Joseph Marion DEATH (Type or print) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Hours Months Dovs White Apr. 2- 1885 Male WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
Stock Clerk Lime Co. U.S.A. Frederick Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Letha Zimmerman Lewis M. Staley 17. INFORMANT Address Ma. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) 214-10-2850A Burton D. Staley-1025 N. Market St.-Frederick INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUF TO designe Conditions, if ony, which gove rise to immediate couse (a) DUF TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO XX YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 10115, 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1965, ta 19 (e7, and that death accurred at 90 M, fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. Oct. 16-1967 M.D. 22d ADDRESS 22c. PHYSICIAN'S Prof. Bldg .- Frederick, Md. 21701 NAME (Type) Dr. James B. Thomas 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION, REMOVAL (Specify) Mt. Olivet\_Cemetery Frederick, Md. 21701 Frederick, Md. 21701 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Son VR A15 (4) Mismen Judge DATCT 20



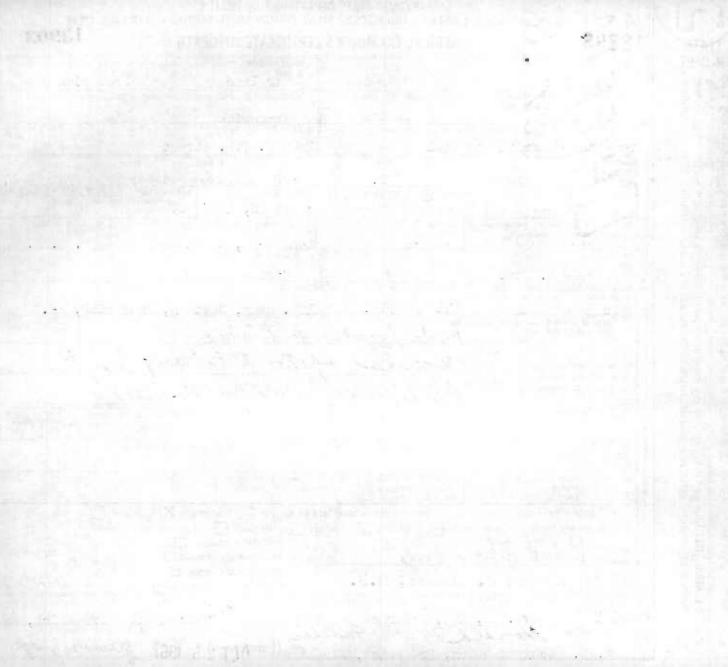
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13895 13901 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick Rural two weeks papers. papers. hin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS Frederick Memorial Hospital Route # 6 YES NO X burial, crematian, ar removal, and in any event, within NAME OF 4. DATE Month Dov Year First Lost DECEASED (Type or print) GRACE CATHERINE STANG October 31. 19 67 DEATH IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH S. SEX 7, MARRIED NEVER MARRIED 1 lest birthday) Hours White July 12, 1924 Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during 1905 of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Morre attending physician permit. Then please M Jefferson, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roger Snoots Fannie Grace Pearl 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 219-12-0815 Mr. Russell C. Stang Rt.# 6 Frederick. Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE SE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 23 october, 1967, ta 31 October, 1967, that (1) (we) last director, page 3 should should be filed with the saw the deceased alive an 31 october 1967, and that death accurred at 400 A. M., fram causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 10-31-1967 NAME (Type) Dr. Melvin E. Lea Frederick Meddical Center Frederick, Md. M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) Mount Olivet Cemetery II-2-1967 Frederick. Maryland 2Sb. REGISTRAR'S SIGNATURE 24.5 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Robert E. Dailey 196 Frederick. Marylandare

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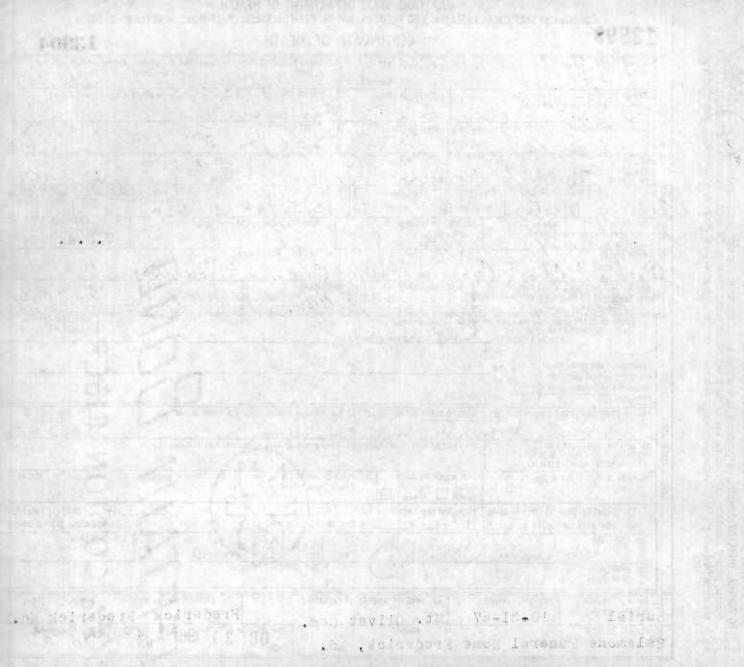
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13903 13898 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Deportm ofter Frederick Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Frederick Memorial Hospital 1601 W. 7th. Street YES NO TX ofter deoth. 3. NAME OF First Middle 4. DATE Doy Year DECEASED Bive STIP GEORGE DEATH October 19 67 within (Type or print) alona S. SFX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED (last birthdoy) Manths Doys Haurs in Item 18. August 12. WIDOWED DIVORCED 24 hours event Male ond 2 White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? any d 'pending' in pencil in Chief Medical Exominer's Retired Farmer Adamstown, Maryland pencil This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David T. Stup Hester Thomas puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service) or removal. Paul C. Stup. Route L. Frederick. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and,(c) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word burial, cremotion, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying cause 0 OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO EX YES T 9 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) Your Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark at wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X ond in my opinion for Inquiry funerol director. deoth resulted from: Natural causes Accident Suicide | Homicide Undetermined monner retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY may be DEPUTY MEDICAL EXAMINER **EXAMINER'S** Thomas, M.D. Robert NAME (Type Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) SOI Burial (Specify) 1967 Reformed Cemetery Church Hill Frederick. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 M. R. Etchison & Son, Frederick, Mary

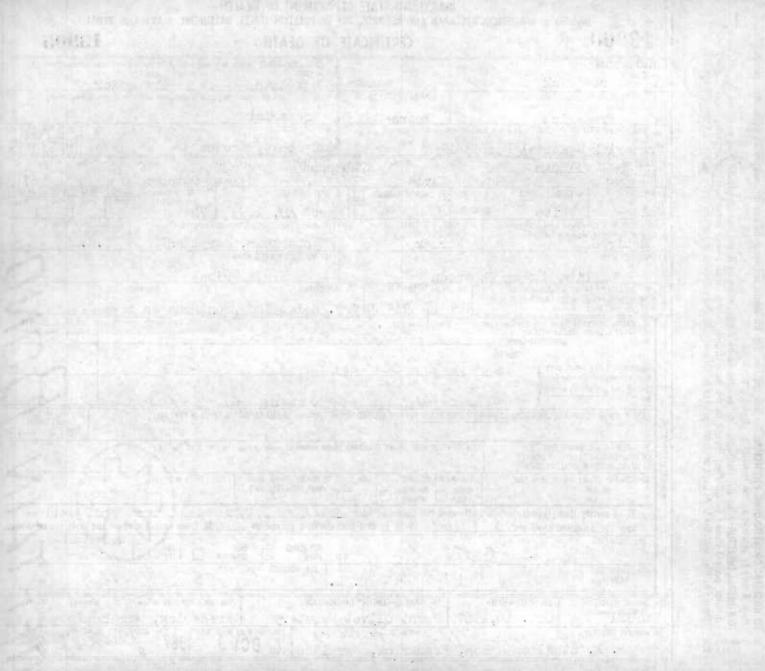


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13904 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH coloris o. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 1b outside corporate limits, write RURAL and give nearest town) b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 haurs filled in papers: IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? NO I YES and in any event, within 3/ NAME OF DATE Year Doy please remave carban the attending physician and campletely sit permit. Then please remave carbar DECEASED 19 6, DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years MARRIED **NEVER MARRIED** lost birthdoy) Months Doys Hours DIVORCED WIDOWED' 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME directar, page 3 shauld be detached tar use as the burial-transit permit. Their presented be filed with the State Dept. of Health priar ta burial, cremation, or removal, INFORMANT 16. SOCIAL SECURITY NO. burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: arcinna IMMEDIATE CAUSE (o) O FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased fram\_ 10/14/67 . 19 and that death accurred at 2150 PM, fram causes and an the date stated abave. 10/28 saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) Bur 1 (Specify) Frederick 10-31-67 Frederick Md. Olivet 250. 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Salsmone Funeral Home Frederick, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13900 13905 CERTIFICATE OF DEATH 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by the funeral papers. Pages Land o. COUNTY o. STATE b. COUNTY Frederick MARYLAND Marvland Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours a Frederick Frederick Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 628 Schley Avenue Frederick Memorial Hospital YES NO T 3 NAME OF Middle Thompsonost 4. DATE Month Doy corbon Year William physician and campletely en please remove carbon DECEASED Nullum 1 ann from 19 67 October (Type or print) Earle DEATH low requires that the death certificate be executed SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Onv White WIDOWED DIVORCED Male March 16 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Retired Hyattstown, Maryland U.S.A Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phys removol Gertrude Price William Nathan Thompson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 0 No JaMrs. Helen Thompson(Same as item #2) cremotion. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse ottending the hos been lost. ds WAS AUTOPS) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO TO HOSPITAL OR ATTENDING PHYSICIAN: 1
Page 4 may be retained by the haspital or a
TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Sept (U), 1967, to put (a), 1967 that (1) (we) last plnous saw the deceased alive an OU 6 1967, and that death accurred at Su A M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 6-6 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) erlama unus director, Should 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BUREMOVAL (Specify) Oct. 10.1967 Mount Olivet Cemetery Frederick, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS: 2So. REC'D BY REGISTRAR 196 M. R. Etchison & Son, Frederick, Maryland 20 M 1/66



4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13901 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13906
HEALTH DEPT.	1. PLACE OF OEATH a. COUNTY Frederick  MARYLANO  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
Sesary, the funeral 5 may be Department death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick rural  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Thurmonit
Der Stee	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
State I hours a	Route 70S Walnut St. YES NO X
72 au	3. NAME OF DECEASED (Type or print) Clarence William Wastler Last   4. DATE Month Day Year OF DEATH October 23 19 67
4. 一直	5. SEX   6. COLOR OR RACE   7. MARRIED   8. OATE OF BIRTH   9. AGE (In years last birthdey)   Months   Days   Hours   Min.   Min.   28 yrs.     28 yrs.     28 yrs.     28 yrs.     39   39     30   30   30   30   30
the certificate, writing the word "pending" in pencil in Item 18. Give Pages, the certificate, writing the word "pending" in pencil in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with form or files.  ECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event with	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ours aftern 18. Galong along pages 1 in any	Computer Oper/ N.I.H. Maryland USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
14 hou Hem Office File pa	Clarence J. Wastler Ruth V. Powell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
hin 24 cil in r's 0 r's 0	(Yes, no, or unknown) (If yes give war or dates of service) Yes Peacetime 214-36-0712 Frances E. Wastler Thurmont, Md.
d within pencil is miner's permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
ecute ng" in il Exa ransit on, or	8/6 4 DIE TO
ild be executed "pending" in "pending" in if Medical Exan burial-transit is cremation, or it	Conditions, If eny, which (b) FRACTURED SKULL
ould "ief h	cause (a), stating the underlying ceuse last. (c)
the word the word the Chi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert 1 or Part II of Item 18.)  TRUCK - CAR COLLISION
ing to d to be u	20a. EXTERNAL CAUSE WAS PRIMARY PA OF CONTRIBUTING  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert 1 or Part II of Item 18.)  TRUCK - CAR COLLISION
R. This certificate, writing forwarded to 3 should be agent, prior	
icate, Territa for	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 10ct 231967 at work 11GHWAY N.E. FRED FRED. M.D.
the certificates the certificates the certificates and the certificates are files.	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 😾, Inquiry, and in my opinion
EDICAL EXA cute the ce age 4 should r your files. DIRECTOR: r its design	death resulted from: Natural causes, , Accident , Suicide , Homicide , Undetermined manner .
- 0 0	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNEO
O DEPUTY MEDIC please execute director. Page retained for you or FUNERAL DIRE of Health or its	EXAMINER'S Robert J. Thomas  DEPUTY MEDICAL EXAMINER D  Address (Street, city, town, or county)
o DEPUTY please e director. retained 0 FUNERA of Health	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Page 5 0	Burial 10-25-67 Blue Ridge Cemetery Thurmont Fred. Co. Md.  24 FUNERAL DIRECTOR Raymond E. Creager 25av REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AISME (5)	Taymont Thurmont, Md. MCT 26 1967 Clarker Judge
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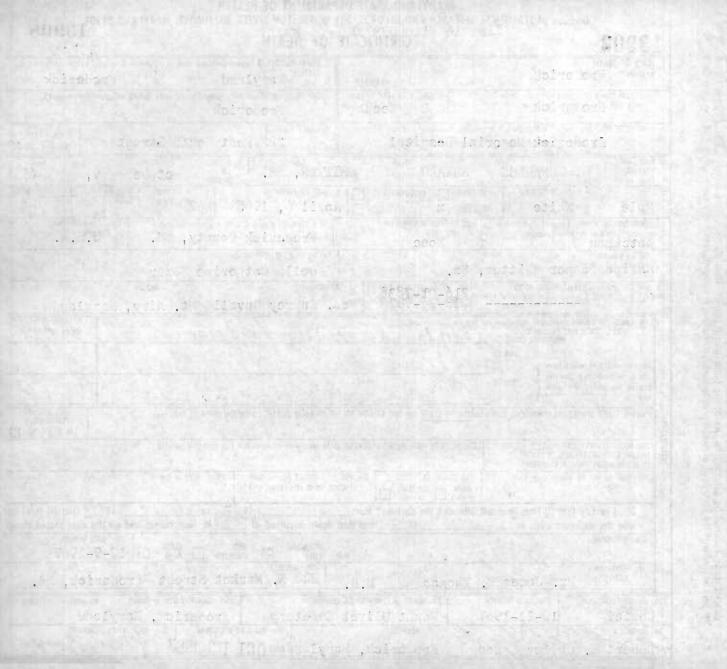
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THEXA And Proberts radacck Weights 5 yes, & Mo. The decidence of the state of t 2150 Pervayavania ave. . H. T. nozimi efficiencial comile distributed Name of the second Rem FRSI RS camil . volu Estebell dedonassonati-picalio Being Birentiles Cremation 10/10/67 Pt. Lincoln Crematory Washington, D. C.

M. R. tchison & Son, Reserick, Md. 1701

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201. Item 16 Film G39771/5/68 REATH 3902 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) Frederick o. COUNTY b. COUNTY Pages 1 Marvland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURA Free (Percent Rown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 ½ Weeks Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC 24 ON A FARM? Frederick Memorial Hospital 223 West South Street YES NO X The law requires that the death certificate be executed within 3. NAME OF carbon Middle CHARLES 4. DATE Month Doy Year WHITTER, SR. DECEASED **EDWARD** October 67 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** birthdoy) Months Hours White April 6, 1905 Male DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Watchman INDUSTRY COUNTRY? A. Frederick County. Md. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya Marion Jasper Whitter, Sr. Della Catherine Soper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yeship or unknown) (If yes give wor or dotes of service D Mrs. Aubrey Duvall Mt. Airy, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending Mrcy Sull last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO XX TO FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) at work of work 21. I certify that (1) (this haspital) attended the deceased fram. \_, 1967, ta \_, 19 \_\_\_, that (I) (we) last 10/8 1967, and that death accurred at 7177AM, fram causes and on the date stated above. Saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. X 10-9-1967 director, page 3 should be filed v M.D. PHYS. DIRECTOR 22d. ADDRESS 228 N. Market Street 22c/PHYSICIAN'S NAME (Type) Frederick. Md. Dr. James B. Thomas M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) BUT 1 (Specify) 10-11-1967 Mount Olivet Cemetery Frederick, Maryland 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. ELINERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 Ocharles Robert E. Daviev & Son Frederick. Marylanddate ()

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13910
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Ohio  D. COUNTY Muskingmum
is necessary, to the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
martin de	Frederick-Rural Minutes Zanesville
De Sth	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE DN A FARM?
Page State State Cours a	Interstate #70 - 2 Miles South of Fred k 550 Longview Ave.
TZ Tz	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) VERNON E. WOOD, JR. DEATH October 23, 1967
ith. If a form P form P within within	5. SEX  6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Male  White  WIDOWED DIVORCED 13 Nov 1944  9. AGE (in years   IFUNDER 14 PAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Min.   Min.   Months   Days   Min.   Months   Min.   Months   Min.   Min.   Months   Months   Min.   Months   Months   Min.   Months
death. I Pages ith form and 2 with	1/3,
E	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) (COUNTRY?)
- C7 ha	Employee Restaurant Ohio U. S.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours in all	Vernon E. Wood, Sr. Jean Hogan
24 ho 1 Item Office File and	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
alt s	(Yes, no, or unkown) (If yes give war or dates of service) Unk Mrs. Jean H. Wood (Same as item #2)
ted within in pencil in Examiner's Examiner's sit permit, or removal,	18. CAUSE OF DEATH [Enter only one cause (Der line for (a), (b)) and (c).]
ld be executed ''pending" in pri Medical Exam s burial-transit p	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Caule  DNSET AND DEATH
ding ding cal	DUE TO DUE TO Sky 00
be exe 'pendin Medica urial-tr ematio	geva rise to immadiate (b)
a b	ceusa (a), stating the DUE TO underlying cause last, (c)
ficate sho the wor the Chi used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
E SE TEST	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
t: This rte, write, wri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour e.m. 10-23 1967 at work Not While at work of the county of the
be de	
EXAMINER: the certificat	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion
the ce shoul shoul Tiles.	death resulted from: Natural causes   , Accident   Suicide   , Homlcide   , Undetermined manner   CHIEF MEDICAL EXAMINER
EDICA cute t age 4 r your DIREC	ACTUAL ACTUAL ASSISTANT MEDICAL EVANINED 22. DATE SIGNED
MEDI xecute Page for yo IL DIR I or its	DEPUTY MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Robert J. Thomas, M. D. Address (Street, city, town, or county)
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATDRY 23d. LDCATION (City, town or county) (State)  REMOVAL (Specify) October 26 Memorial Park Zanesville. Ohio
Dan 5	24 FINERAL DIRECTOR ADDRESS 1.25a REC'D BY REGISTRAR 1.25b REGISTRAR'S SIGNATURE
VR AISME (5)	M. R. Etchison & Son Frederick, Md. 21701 DATE OCT 2 5 1967 goloules Judge.
5M 1/65	THE PARTY OF THE P

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	Zanesville	Minutes	land-2	Frederick
	550 Longview Ave.	South of Wred'k	#70 - 2 Miles	Interstate
October 23, 67	. 31,		VIRNON	
	3 Nov 1944 22	T X	White	Male
0.5	Ohio	instructed	54	Emnloyee
	Jean Hogan		F. Wood, Sr.	Vernon
e as item #2)	. Jean H. Wood (Sam	link Mrs		oV!
	and the fire	A state sales		
	100.42	Line of		
	State Top Water and	Market State of the State of th		
			CA 4.1-01	
	In the same of			
1815 40 W	X	M. D.	Robert J. Thom	
le, Ohio	Ząnesvil	Memorial Park		Burial

M. R. Rtchison & Son, Frederick, Md. 21701

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13911 death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY Q. STATE Frederick Maryland Frederick MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Frederick years ent within 72 hc e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled in DOA at Frederick Mem. Hospital N. Bentz St. YES NO 3 4. DATE Manth Year 3. NAME OF Day campletely DECEASED October 1--- 19 67 Harry Wymer A. DEATH (Type ar print) 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED signed by the attending physician and camp burial-transit permit. Then please remave burial, crematian, ar removal, and in any ev (ast birthday) Haurs Apr. 21-1913 Male White WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Industrial Fireman INDUSTRY U.S.A. Stark Co. Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hazel R. Wymer Auday - living Charles Wymer- deceased 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes, give war or dates af service) 296-01-9839 Mrs. Daisy Pauline Sier Wymer- Same as 2abcd INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave (b) rise to immediate couse (a). DUF TO stating the underlying cause o FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not While 19 ot work at work 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram H// . 1965 . ta 19 67, and that death accurred at \_\_\_\_\_ P. M., fram causes and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR Oct . 2-1967 X M.D. 22d. ADDRESS 22c. PHYSICIAN'S Prof. Bldg .- Frederick, Md. 21701 NAME (Type) James B. Thomas 23d. LOCATION (City or Town) (State) (County) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION Burial (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Frederick, Md.21 Milarles VR A15 (4) 20 M 1/60

